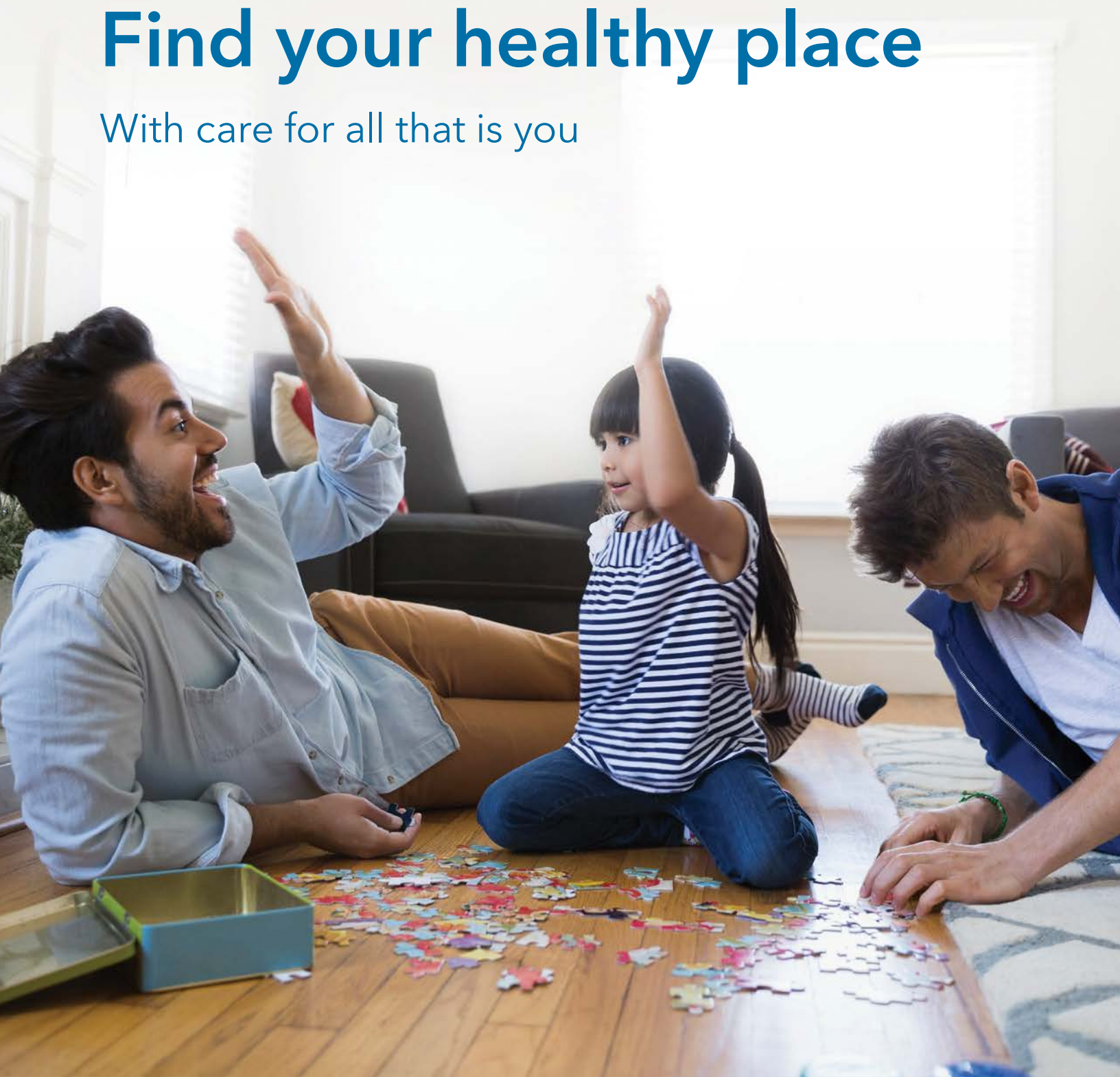


Find your healthy place

With care for all that is you



Go where you feel like your best self

We can help you get to your healthy place – no matter where it is. Care at Kaiser Permanente feels easier and faster, with the help of connected caregivers, more ways to get care, and support for a healthy mind, body, and spirit. Welcome to care for all that is you.

Important open enrollment dates for 2023

- The open enrollment period for 2023 coverage runs from November 1, 2022, through January 15, 2023.
- You can change or apply for coverage through Kaiser Foundation Health Plan of Washington, or we can help you apply through Washington Healthplanfinder.
- For coverage that starts on January 1, 2023, we must receive your Application for health coverage no later than December 15, 2022.

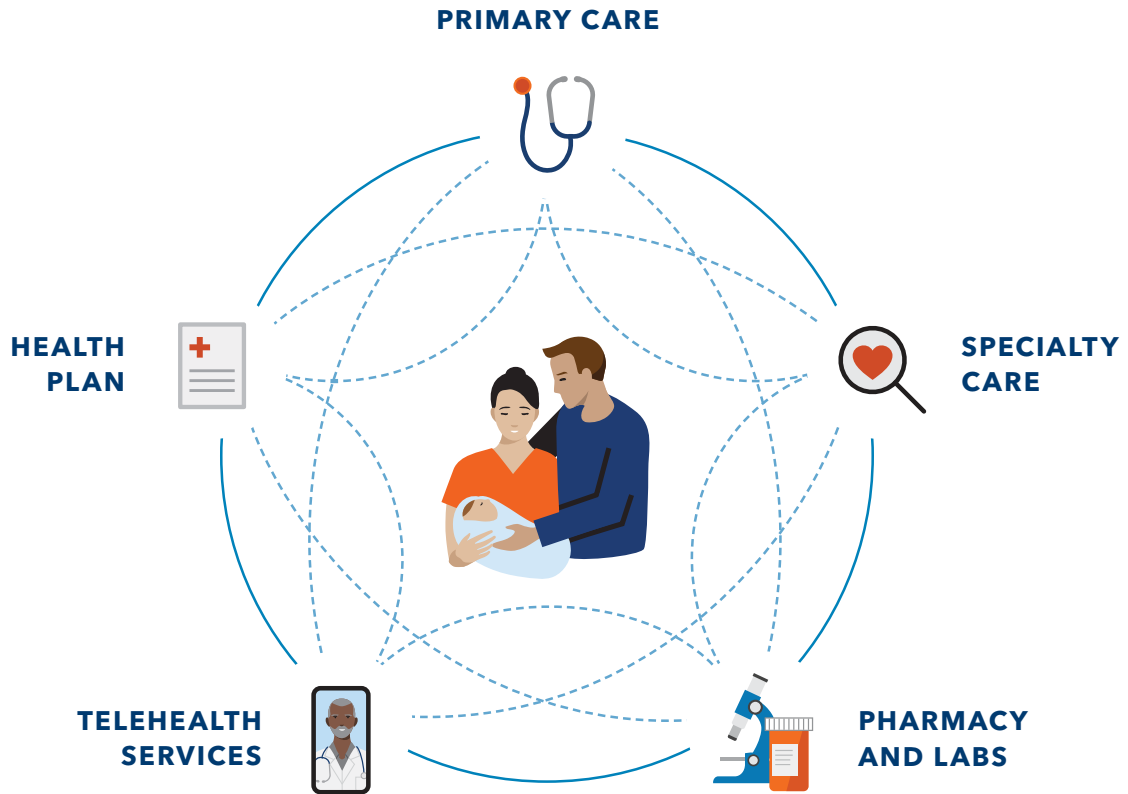
Enrolling during a special enrollment period

- Are you getting married, moving, or losing your health coverage? You can also enroll or change your coverage at other times throughout the year if you have a qualifying life event.
- Visit kp.org/speciaalenrollment for a list of qualifying life events and instructions.

Want to talk? We're here to help.

A Kaiser Permanente enrollment specialist can answer your questions – like where to get care or what healthy extras are included. Call **1-800-494-5314** (TTY 711).





Built to make your life easier

Kaiser Permanente combines care and coverage – which makes us different than your other health care options. Your doctors and health plan work together to make high-quality health care easier to get. That means you'll have peace of mind knowing care for your total health is there when and where you need it – from your doctor's office to your living room.

To see what it's like to be a member, visit kp.org/myhealthyplace.

"I really appreciate the coordination of care. Every doctor and specialist can access my records, and I don't have to waste valuable time repeating medical histories."

–Lisa, Kaiser Permanente member

Care centered around you

Care at Kaiser Permanente isn't one-size-fits-all. Our physician-led teams work together to make sure the care you get is tailored to your needs. Your Kaiser Permanente care team is part of the same network, making it easier to share information, see your health history, and deliver high-quality, personalized care – when and where you need it.

Your healthy place should reflect all that is you

We believe your story, background, and values are as important as your health history. To help deliver care that's sensitive to your culture, ethnicity, and lifestyle, we:

- Hire doctors and staff who speak more than one language
- Offer phone interpretation services in more than 150 languages
- Improved health outcomes among diverse populations for conditions like high blood pressure, diabetes, and colon cancer¹

Get care with the help of your electronic health record⁶



Share your health history and any concerns with your personal doctor.



Your doctor coordinates your care, so you don't have to worry about where to go or who to call next.



Future care teams have a full picture of your Kaiser Permanente health history – without you having to repeat your story.



With your health records in hand, your care team knows your needs in the moment and reminds you to schedule checkups and tests. Plus, you can view your records 24/7.

Convenient ways to get care



Visit us in person at a location near you.



Talk to a health care professional by phone or video.²



24-hour virtual care on your schedule

If a trip to the doctor's office doesn't fit your schedule, it's easy to get fast, personalized support – daytime, nighttime, anytime.

- Schedule a phone or video visit with a doctor or clinician.²
- Get 24/7 care advice by phone.
- Email your Kaiser Permanente doctor's office with nonurgent questions.
- Use our e-visit questionnaire to get personalized care advice for certain conditions, order many tests, and get some prescriptions online.
- Chat online with a Kaiser Permanente clinician for advice.²

Save time when you connect to care virtually. Telehealth is covered at no cost with most plans.³



Prescription delivery

Fill prescriptions online or with the Kaiser Permanente Washington mobile app.⁴

- Have most delivered directly to your front door.
- Order them for same-day pickup.
- Get same-day or next-day delivery for an additional fee.⁵



Kaiser Permanente Washington mobile app

Manage your health 24/7 with our app. It's an easy, convenient way to do everything described above – anytime, anywhere.⁶

Care away from home

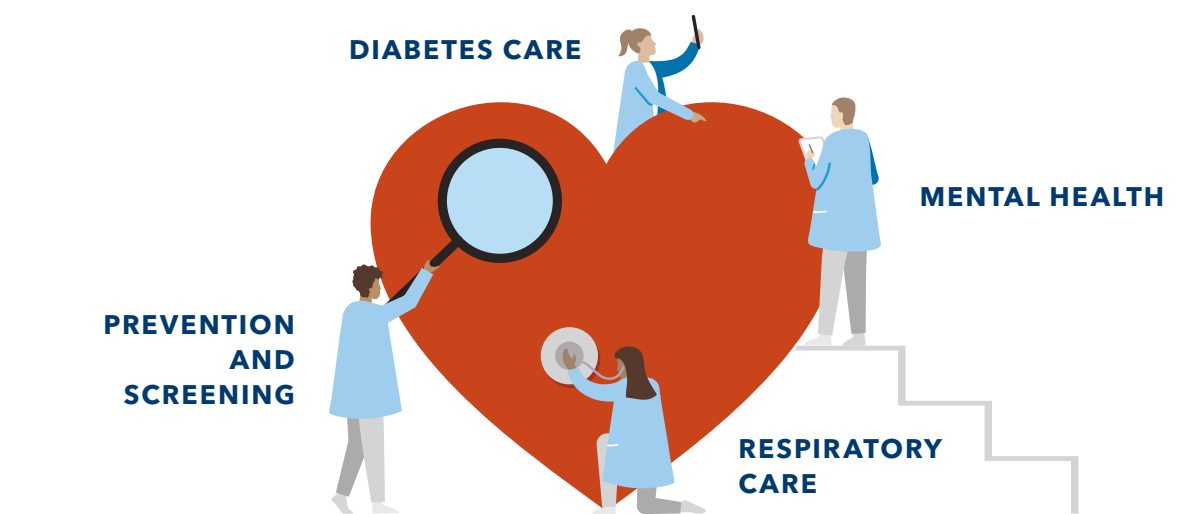
You're covered for urgent and emergency care anywhere in the world. And if you're planning to travel, we can help you stay on top of your health when you're away from home. We'll work with you to see if you need a vaccination, refill prescriptions, and more.



Industry-leading clinical quality

We're known for catching problems early with preventive care. But if your health needs serious attention, our specialty care has you covered.

In 2021, Kaiser Permanente led the nation as the top performer in 42 effectiveness-of-care measures. The closest national competitor led in only 14.⁷



Specialty care when you need it

No matter your needs – mental health, maternity, cancer care, heart health, and more – you'll have access to great doctors, advanced technology, and evidence-based care to help you recover quickly.

A collaborative approach to care

With one of the largest multispecialty medical groups in the country, we can help connect you with the right specialist who'll create a personalized plan for your care. To learn how our specialists work together in a connected system, visit kp.org/specialtycare.

Support for ongoing conditions

If you have a condition like diabetes or heart disease, you can enroll in a disease management program for personal coaching and support. With a well-rounded approach backed by proven best practices and advanced technology, we'll help you get the care you need to continue living life to the fullest.

A better experience from the start

We guide you through each step of joining Kaiser Permanente, so you get the care you need without missing a beat.



Search profiles to find the right doctor

Our online doctor profiles let you browse the many doctors and locations in your area, even before you enroll. So you can join knowing you've found a doctor who fits your needs.



Transition your care

Easily move prescriptions and schedule a visit with a doctor who's close to your home, work, or school. From day one, you'll have the support you need to help reach your health goals.

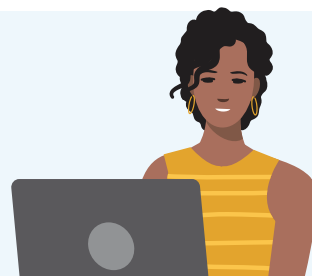


Connect to care online

After you enroll, create an account at kp.org and download the Kaiser Permanente Washington mobile app.⁶ Then manage your health on your schedule – whenever, wherever.

Health care doesn't have to be confusing

If you don't know an HMO from an HSA, you're not alone. But rest assured – we're here to make health care easier to understand. Get help learning the basics at kp.org/learnthebasics.



Making the most of your membership

Good health goes beyond the doctor's office. Find your healthy place by exploring some of the convenient features and extras available to members.⁸ Many of these resources are available at no additional cost.



ChooseHealthy™ complementary care discounts

You can get up to 25% off participating provider standard fees for acupuncture, chiropractic care, and massage therapy when you make an appointment through the ChooseHealthy specialty providers discount program. Complementary care services may also be covered by your plan benefits when you use providers in your plan network.



Discounts for members

Enjoy discounts on products and services that can help you stay healthy such as fitness classes, wellness coaching, and more. Explore your options at kp.org/wa/member-perks. And find the myStrength® mental health app and other wellness resources at kp.org/wa/mhw.



Healthy lifestyle programs

Connect to better health with online programs to help you lose weight, quit smoking, reduce stress, and more.



Wellness coaching

Get help reaching your health goals by working one-on-one with a wellness coach by phone.

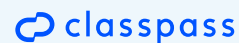
Extras for your total health



Use meditation and mindfulness to build mental resilience, reduce stress, and improve sleep.



Set mental health goals, track progress, and get support managing depression, anxiety, and more.



Choose from thousands of on-demand workout videos and get reduced rates on livestream and in-person classes.

Care meets you where you are

When you're a member, you get access to our doctors and facilities – conveniently located near where you live, work, and play. And when you can't come to us, you can get the care you need when you need it.²

117.8M

VIRTUAL CONNECTIONS

between members and their care teams in 2021⁹



12.6M

MEMBERS

covered for care needs in mind and body



23,656

DOCTORS AND SPECIALISTS

connected to easily share the latest medical advancements



42.5M

PRESCRIPTION DELIVERIES

to members' homes in 2021



773

HOSPITALS AND MEDICAL OFFICES

with many services often under one roof, so you can get everything done quickly



9

AREAS

to get Kaiser Permanente care in person – California, Colorado, Georgia, Hawaii, Maryland, Oregon, Virginia, Washington, and Washington, D.C.



Your choice of doctors and locations

Visit kp.org/doctors to see all Kaiser Permanente locations near you and browse our online doctor profiles. You can choose your personal doctor and change anytime, for any reason.



Doctor and facility counts include affiliated medical professionals and locations. These statistics are from multiple Kaiser Permanente locations in various states.

Choosing your health plan

We offer a variety of plans to help fit your needs and budget. All of them offer the same quality care, but the way they split the costs is different. Plan availability is based on county. To see which plans are available to you, see table on Find your rate page.

Kaiser Permanente Virtual Plus™ plans

On these plans, your monthly premium is lower and you'll start most care with a virtual care visit. Choose from 24/7 online chat, video or advice line, e-visits, scheduled video visits and phone appointments, and email for nonurgent issues – all at no additional cost. You'll get the care and prescriptions you need, or help finding in-person care.

Copay or coinsurance plans

Copay or coinsurance plans are the simplest. You know in advance how much you'll pay for care like doctor visits and prescriptions. This amount is called your copay. Your monthly premium is higher, but you'll pay much less when you get care.

Deductible plans – gold, silver, bronze, and Basics Plus

With a deductible plan, your monthly premium is lower, but you'll need to pay the full charges for most covered services until you reach a set amount, known as your deductible. Then you'll start paying less – a copay or coinsurance. Depending on your plan, some services, like office visits or prescriptions, may be available at a copay or coinsurance before you reach your deductible.

HSA-qualified high deductible health plans – silver and bronze

HSA-qualified deductible health plans are deductible plans that give you the option of setting up a health savings account (HSA) to pay for eligible health care costs, including copays, coinsurance, and deductible payments. You won't pay federal taxes on the money in this account.

You can use your HSA anytime to pay for care, including some services that may not be covered by your plan, like eyeglasses, adult dental care, or chiropractic services.¹⁰ If you have money left in your HSA at the end of the year, it will roll over for you to use the next year.

Example of your costs for care

Let's say you hurt your ankle. You visit your personal doctor, who orders an X-ray. It's just a sprain, so the doctor prescribes a generic pain medication. Here's an example of what you'd pay out of pocket for these services with each type of health plan.

Plan name	Office visit	X-ray	Generic drug
Flex Gold (\$1,150 deductible)	\$219; \$20 for first 5 visits or if you've met your deductible	\$98 or 30% if you've met your deductible	\$10*
Virtual Plus Silver 73 (\$2,800 deductible)	Virtual and first in-person visit no charge	\$98 or 30% if you've met your deductible	\$15***
Bronze HSA (\$6,050 deductible)	\$219 or 40% if you've met your deductible	\$98 or 40% if you've met your deductible	\$12* or 40%* if you've met your deductible

* After the first fill, maintenance drugs are required to be filled at a KFHPWA facility or through KFHPWA mail order.

*** After the first fill, maintenance drugs are required to be filled through KFHPWA mail order. (Virtual Plans)

Do you qualify for financial help?

You may be eligible for federal or state financial assistance to help you pay for care or coverage. Visit buykp.org/apply for details.



Understanding the plans: benefit highlights

The charts on the next few pages show you a sample of each plan's benefits. Review the diagram below to help you understand how to read those charts.

Here's a quick look at how to use the chart

Benefit highlights	KP E Flex Gold
Plan type	Deductible
Annual medical deductible (individual/family)	\$1,150/\$2,300
Annual out-of-pocket maximum (individual/family)	\$7,900/\$15,800
Benefits	
Virtual care	
Chat, Email, E-visit, Phone, and Video visit	No charge
Preventive care	
Routine physical exam, mammograms, etc.	No charge
Outpatient services (per visit or procedure)	
Primary care office visit	First 5 visits \$20;† additional visits \$20 after deductible
Specialty care office visit	First 5 visits \$45;† additional visits \$45 after deductible
Most X-rays	30% after deductible
Most lab tests	30% after deductible
MRI, CT, PET	30% after deductible
Outpatient surgery	30% after deductible
Mental health visit	First 5 visits \$20;† additional visits \$20 after deductible
Inpatient hospital care	
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible
Maternity	
Routine prenatal care and postpartum visits	No charge
Delivery and inpatient well-baby care	30% after deductible
Emergency and urgent care	
Emergency Department visit	30% after deductible
Urgent care visit	First 5 visits \$45;† additional visits \$45 after deductible
Prescription drugs (up to a 30-day supply)	
Generic	\$10*
Preferred brand	\$40*
Non-preferred brand	40% after deductible*
Specialty	40% after deductible*
Whole health	
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits, first 5 visits \$20 primary care; † additional visits \$20 primary care after deductible. For more healthy offerings visit kp.org/healthyliving .

KP Offered through Kaiser Permanente
E Offered through the health benefit exchange, Washington Healthplanfinder

Annual deductible
 You need to pay this amount before your plan starts helping you pay for most covered services. Under this sample plan, you'd pay the full charges for covered services until you reach \$1,150 for yourself or \$2,300 for your family. Then you'd start paying copays or coinsurance.

Annual out-of-pocket maximum
 This is the most you'll pay for care during the calendar year before your plan starts paying 100% for most covered services. In this example, you'd never pay more than \$7,900 for yourself and no more than \$15,800 for your family for your copays, coinsurance, and deductible in a calendar year.

Covered before you reach the deductible
 With some services, you'll only pay a copay or coinsurance, regardless of whether you've reached your deductible. Under this plan, the first 5 primary care visits are covered at a \$20 copay – even before you meet your deductible. With our Flex plans, you get a set number of office visits covered before you reach the deductible.

Coinsurance
 After reaching your deductible, this is a percentage of the charges that you may pay for covered services. Here, you'd pay 30% of the cost per day for your inpatient hospital care after you reach your deductible. Your plan would pay the rest for the remainder of the calendar year.

Copay
 This is the set amount you pay for covered services, usually after you reach your deductible. In this example, you'd just pay a \$45 copay for an urgent care visit if it's one of the first 5 visits of the year; otherwise, you pay \$45 after deductible.

Mail-order prescription refills
 Fill new prescriptions at an in-network pharmacy or use our mail-order service. To continue to pay the same or lower copay or coinsurance for maintenance drugs, use our mail-order service for additional refills.

* After the first fill, maintenance drugs are required to be filled at a KFHPWA facility or through KFHPWA mail order.
 † Upfront visits not subject to deductible are combined for all visits. Each service does not have its own set of upfront visits.

KP Offered through Kaiser Permanente

E Offered through the health benefit exchange, Washington Healthplanfinder

Financial assistance options are available for certain plans, and for Native Alaskans and American Indians on Washington Healthplanfinder. **Plan availability is based on county. To see which plans are available to you, see table on Find your rate page.**

Benefit highlights	KP Virtual Plus Bronze	KP Bronze	E Bronze HSA	KP Bronze HSA X	E Kaiser Permanente Cascade Bronze
	Deductible	Deductible	HSA-qualified	HSA-qualified	Deductible
Plan type					
Annual medical deductible (individual/family)	\$8,700/\$17,400	\$7,500/\$15,000	\$6,050/\$12,100	\$6,050/\$12,100	\$6,000/\$12,000
Annual out-of-pocket maximum (individual/family)	\$8,700/\$17,400	\$8,550/\$17,100	\$6,900/\$13,800	\$6,900/\$13,800	\$8,550/\$17,100
Benefits					
Virtual care					
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge after deductible	No charge after deductible	No charge
Preventive care					
Routine physical exam, mammograms, etc.	No charge for in person or virtual	No charge	No charge	No charge	No charge
Outpatient services					
Primary care office visit	Virtual and first in-person visit no charge; In person with referral \$50; In person without referral no charge after deductible [‡]	40% after deductible	40% after deductible	40% after deductible	\$50
Specialty care office visit	Virtual visit no charge; In person with referral \$110; In person without referral no charge after deductible	40% after deductible	40% after deductible	40% after deductible	\$100 after deductible
Most X-rays	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Most lab tests	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
MRI, CT, PET	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Outpatient surgery	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Mental health visit	Virtual and first in-person visit no charge; In person with referral \$50; In person without referral no charge after deductible [‡]	40% after deductible	40% after deductible	40% after deductible	\$50
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Maternity					
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Emergency and urgent care					
Emergency Department visit	No charge after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Urgent care visit	\$110	40% after deductible	40% after deductible	40% after deductible	\$100
Prescription drugs (up to a 30-day supply)					
Generic	\$30***	40% after deductible*	40% after deductible*	40% after deductible*	\$32*
Preferred brand	No charge after deductible***	40% after deductible*	40% after deductible*	40% after deductible*	40% after deductible*
Non-preferred brand	No charge after deductible***	50% after deductible*	50% after deductible*	50% after deductible*	40% after deductible*
Specialty	No charge after deductible***	50% after deductible*	50% after deductible*	50% after deductible*	40% after deductible*
Whole health					
Healthy services	First visit no charge primary care; 10 in-network chiropractic visits and 12 acupuncture visits, \$50 primary care [‡] . For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, 40% after deductible. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, 40% after deductible. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, 40% after deductible. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, \$50. For more healthy offerings visit kp.org/healthyliving .

[‡] First visits can be any combination of primary care and other qualified services.

* After the first fill, maintenance drugs are required to be filled at a KFHPWA facility or through KFHPWA mail order.

*** After the first fill, maintenance drugs are required to be filled through KFHPWA mail order. (Virtual Plans)

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please visit kp.org/plandocuments, call us at 1-800-290-8900 (TTY 711), or contact your producer.

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Benefit highlights	KP	E	E	KP	KP	KP
	Flex Bronze	Virtual Plus Silver	Virtual Plus Silver X	Flex Silver HD	Silver HSA	
Plan type	Deductible	Deductible	Deductible	Deductible	HSA-qualified	
Annual medical deductible (individual/family)	\$5,500/\$11,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000	\$3,000/\$6,000
Annual out-of-pocket maximum (individual/family)	\$8,900/\$17,800	\$9,000/\$18,000	\$9,000/\$18,000	\$8,250/\$16,500	\$6,900/\$13,800	\$6,900/\$13,800
Benefits						
Virtual care						
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge	No charge	No charge after deductible
Preventive care						
Routine physical exam, mammograms, etc.	No charge	No charge for in person or virtual	No charge for in person or virtual	No charge	No charge	No charge
Outpatient services						
Primary care office visit	First 3 visits \$40 [‡] ; additional visits 20% after deductible	Virtual and first in-person visit no charge; In person with referral \$20; In person without referral 30% after deductible [‡]	Virtual and first in-person visit no charge; In person with referral \$20; In person without referral 30% after deductible [‡]	First 3 visits \$30 [‡] ; additional visits \$30 after deductible		20% after deductible
Specialty care office visit	20% after deductible	Virtual visit no charge; In person with referral \$45; In person without referral 30% after deductible	Virtual visit no charge; In person with referral \$45; In person without referral 30% after deductible	First 3 visits \$60 [‡] ; additional visits \$60 after deductible		20% after deductible
Most X-rays	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Most lab tests	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
MRI, CT, PET	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Outpatient surgery	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Mental health visit	First 3 visits no charge [‡] ; additional visits 20% after deductible	Virtual and first in-person visit no charge; In person with referral \$20; In person without referral 30% after deductible [‡]	Virtual and first in-person visit no charge; In person with referral \$20; In person without referral 30% after deductible [‡]	First 3 visits \$30 [‡] ; additional visits \$30 after deductible		20% after deductible
Inpatient hospital care						
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Maternity						
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge		No charge
Delivery and inpatient well-baby care	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Emergency and urgent care						
Emergency Department visit	20% after deductible	30% after deductible	30% after deductible	30% after deductible		20% after deductible
Urgent care visit	20% after deductible	\$45	\$50	First 3 visits \$60 [‡] ; additional visits \$60 after deductible		20% after deductible
Prescription drugs (up to a 30-day supply)						
Generic	\$25*	\$20***	\$20***	\$10*		20% after deductible*
Preferred brand	40% after deductible*	50% after deductible***	50% after deductible***	40% after deductible*		40% after deductible*
Non-preferred brand	50% after deductible*	50% after deductible***	50% after deductible***	50% after deductible*		50% after deductible*
Specialty	50% after deductible*	50% after deductible***	50% after deductible***	50% after deductible*		50% after deductible*
Whole health						
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits, first 3 visits \$40 primary care [‡] ; additional visits 20% primary care after deductible. For more healthy offerings visit kp.org/healthyliving .	First visit no charge primary care; 10 in-network chiropractic visits and 12 acupuncture visits, \$20 primary care [‡] . For more healthy offerings visit kp.org/healthyliving .	First visit no charge primary care; 10 in-network chiropractic visits and 12 acupuncture visits, \$20 primary care [‡] . For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, first 3 visits \$30 primary care [‡] ; additional visits \$30 primary care after deductible. For more healthy offerings visit kp.org/healthyliving .		10 in-network chiropractic visits and 12 acupuncture visits, 20% after deductible. For more healthy offerings visit kp.org/healthyliving .

[‡] First visits can be any combination of primary care and other qualified services.

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Benefit highlights	E	E	KP E	E	E
	Kaiser Permanente Cascade Silver	Flex Silver	Flex Gold	Kaiser Permanente Cascade Gold	Basics Plus ^{††}
Plan type	Deductible	Deductible	Deductible	Deductible	Catastrophic
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$1,800/\$3,600	\$1,150/\$2,300	\$600/\$1,200	\$9,100/\$18,200
Annual out-of-pocket maximum (individual/family)	\$8,500/\$17,000	\$8,900/\$17,800	\$7,900/\$15,800	\$5,900/\$11,800	\$9,100/\$18,200
Benefits					
Virtual care					
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge	No charge	No charge after deductible
Preventive care					
Routine physical exam, mammograms, etc.	No charge	No charge	No charge	No charge	No charge
Outpatient services					
Primary care office visit	\$30	First 4 visits \$25 [‡] ; additional visits \$25 after deductible	First 5 visits \$20 [‡] ; additional visits \$20 after deductible	\$15	First 3 visits no charge [‡] ; additional visits no charge after deductible
Specialty care office visit	\$65	First 4 visits \$55 [‡] ; additional visits \$55 after deductible	First 5 visits \$45 [‡] ; additional visits \$45 after deductible	\$40	No charge after deductible
Most X-rays	\$65	35% after deductible	30% after deductible	\$30	No charge after deductible
Most lab tests	\$40	35% after deductible	30% after deductible	\$20	No charge after deductible
MRI, CT, PET	30% after deductible	35% after deductible	30% after deductible	\$300 after deductible	No charge after deductible
Outpatient surgery	\$800 after deductible	35% after deductible	30% after deductible	\$425 after deductible	No charge after deductible
Mental health visit	\$30	First 4 visits \$25 [‡] ; additional visits \$25 after deductible	First 5 visits \$20 [‡] ; additional visits \$20 after deductible	\$15	First 3 visits no charge [‡] ; additional visits no charge after deductible
Inpatient hospital care					
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$800 per day after deductible up to 5 days ^{**}	35% after deductible	30% after deductible	\$525 per day up to 5 days ^{**}	No charge after deductible
Maternity					
Routine prenatal care and postpartum visits	No charge	No charge	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$800 per day after deductible up to 5 days ^{**}	35% after deductible	30% after deductible	\$525 per day up to 5 days ^{**}	No charge after deductible
Emergency and urgent care					
Emergency Department visit	\$800 after deductible	35% after deductible	30% after deductible	\$450 after deductible	No charge after deductible
Urgent care visit	\$65	First 4 visits \$55 [‡] ; additional visits \$55 after deductible	First 5 visits \$45 [‡] ; additional visits \$45 after deductible	\$35	No charge after deductible
Prescription drugs (up to a 30-day supply)					
Generic	\$25*	\$10*	\$10*	\$10*	No charge after deductible*
Preferred brand	\$75*	40% after deductible*	\$40*	\$60*	No charge after deductible*
Non-preferred brand	\$250 after deductible*	50% after deductible*	40% after deductible*	\$100*	No charge after deductible*
Specialty	\$250 after deductible*	50% after deductible*	40% after deductible*	\$100*	No charge after deductible*
Whole health					
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits, \$30. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, first 4 visits \$25 primary care [‡] ; additional visits \$25 primary care after deductible. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, first 5 visits \$20 primary care [‡] ; additional visits \$20 primary care after deductible. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, \$15. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, first 3 visits no charge [‡] ; additional visits no charge after deductible. For more healthy offerings visit kp.org/healthyliving .

^{††} Only applicants younger than age 30, or applicants age 30 and older who provide a certificate from healthcare.gov demonstrating hardship or lack of affordable coverage, may purchase a Basics Plus plan.

[‡] First visits can be any combination of primary care and other qualified services.

* After the first fill, maintenance drugs are required to be filled at a KFHPWA facility or through KFHPWA mail order.

** After 5 days, there is no charge for covered services related to the admission.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please visit kp.org/plandocuments, call us at 1-800-290-8900 (TTY 711), or contact your producer.

Cost Share Reduction (CSR) Plans

E Offered through the health benefit exchange, Washington Healthplanfinder

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder. **Plan availability is based on county. To see which plans are available to you, see table on Find your rate page.**

Benefit highlights	E	E	E
	Virtual Plus Silver 73	Virtual Plus Silver 87	Virtual Plus Silver 94
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,800/\$5,600	\$750/\$1,500	\$150/\$300
Annual out-of-pocket maximum (individual/family)	\$7,750/\$15,500	\$2,500/\$5,000	\$1,000/\$2,000
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge for in person or virtual	No charge for in person or virtual	No charge for in person or virtual
Outpatient services			
Primary care office visit	Virtual and first in-person visit no charge; In person with referral \$20; In person without referral 30% after deductible [‡]	Virtual and first in-person visit no charge; In person with referral \$10; In person without referral 20% after deductible [‡]	Virtual and first in-person visit no charge; In person with referral \$5; In person without referral 5% after deductible [‡]
Specialty care office visit	Virtual visit no charge; In person with referral \$45; In person without referral 30% after deductible	Virtual visit no charge; In person with referral \$20; In person without referral 20% after deductible	Virtual visit no charge; In person with referral \$10; In person without referral 5% after deductible
Most X-rays	30% after deductible	20% after deductible	5% after deductible
Most lab tests	30% after deductible	20% after deductible	5% after deductible
MRI, CT, PET	30% after deductible	20% after deductible	5% after deductible
Outpatient surgery	30% after deductible	20% after deductible	5% after deductible
Mental health visit	Virtual and first in-person visit no charge; In person with referral \$20; In person without referral 30% after deductible [‡]	Virtual and first in-person visit no charge; In person with referral \$10; In person without referral 20% after deductible [‡]	Virtual and first in-person visit no charge; In person with referral \$5; In person without referral 5% after deductible [‡]
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	20% after deductible	5% after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	20% after deductible	5% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	20% after deductible	5% after deductible
Urgent care visit	\$45	\$20	\$10
Prescription drugs (up to a 30-day supply)			
Generic	\$15***	\$10***	\$7***
Preferred brand	50% after deductible***	50% after deductible***	50% after deductible***
Non-preferred brand	50% after deductible***	50% after deductible***	50% after deductible***
Specialty	50% after deductible***	50% after deductible***	50% after deductible***
Whole health			
Healthy services	First visit no charge primary care; 10 in-network chiropractic visits and 12 acupuncture visits, \$20 primary care [‡] . For more healthy offerings visit kp.org/healthyliving .	First visit no charge primary care; 10 in-network chiropractic visits and 12 acupuncture visits, \$10 primary care [‡] . For more healthy offerings visit kp.org/healthyliving .	First visit no charge primary care; 10 in-network chiropractic visits and 12 acupuncture visits, \$5 primary care [‡] . For more healthy offerings visit kp.org/healthyliving .

[‡] First visits can be any combination of primary care and other qualified services.

*** After the first fill, maintenance drugs are required to be filled through KHPWA mail order. (Virtual Plans)

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please visit kp.org/plandocuments, call us at 1-800-290-8900 (TTY 711), or contact your producer.

Cost Share Reduction (CSR) Plans

E Offered through the health benefit exchange, Washington Healthplanfinder

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder. **Plan availability is based on county. To see which plans are available to you, see table on Find your rate page.**

Benefit highlights	E	E	E
	Kaiser Permanente Cascade Silver	Kaiser Permanente Cascade Silver	Kaiser Permanente Cascade Silver
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$2,500/\$5,000	\$750/\$1,500	None/None
Annual out-of-pocket maximum (individual/family)	\$7,250/\$14,500	\$2,400/\$4,800	\$1,200/\$2,400
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	\$30	\$10	\$5
Specialty care office visit	\$65	\$30	\$15
Most X-rays	\$65	\$40	\$15
Most lab tests	\$40	\$20	\$5
MRI, CT, PET	30% after deductible	20% after deductible	15%
Outpatient surgery	\$800 after deductible	\$445 after deductible	\$125
Mental health visit	\$30	\$10	\$5
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	\$800 per day after deductible up to 5 days**	\$425 per day after deductible up to 5 days**	\$100 per day up to 5 days**
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	\$800 per day after deductible up to 5 days**	\$425 per day after deductible up to 5 days**	\$100 per day up to 5 days**
Emergency and urgent care			
Emergency Department visit	\$800 after deductible	\$425 after deductible	\$150
Urgent care visit	\$65	\$30	\$15
Prescription drugs (up to a 30-day supply)			
Generic	\$20*	\$12*	\$5*
Preferred brand	\$75*	\$35*	\$12*
Non-preferred brand	\$250 after deductible*	\$160*	\$35*
Specialty	\$250 after deductible*	\$160*	\$35*
Whole health			
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits, \$30. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, \$10. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, \$5. For more healthy offerings visit kp.org/healthyliving .

* After the first fill, maintenance drugs are required to be filled at a KFHPWA facility or through KFHPWA mail order.

** After 5 days, there is no charge for covered services related to the admission.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please visit kp.org/plandocuments, call us at 1-800-290-8900 (TTY 711), or contact your producer.

Cost Share Reduction (CSR) Plans

You must qualify for and enroll in the CSR plans on this page through Washington Healthplanfinder. The benefits below show 3 plan options based on your income. **Plan availability is based on county. To see which plans are available to you, see table on Find your rate page.**

E Offered through the health benefit exchange, Washington Healthplanfinder

Benefit highlights	E	E	E
	Flex Silver 73	Flex Silver 87	Flex Silver 94
Plan type	Deductible	Deductible	Deductible
Annual medical deductible (individual/family)	\$1,650/\$3,300	\$600/\$1,200	\$150/\$300
Annual out-of-pocket maximum (individual/family)	\$7,800/\$15,600	\$2,850/\$5,700	\$2,250/ \$4,500
Benefits			
Virtual care			
Chat, Email, E-visit, Phone, and Video visit	No charge	No charge	No charge
Preventive care			
Routine physical exam, mammograms, etc.	No charge	No charge	No charge
Outpatient services			
Primary care office visit	First 4 visits \$25‡; additional visits \$25 after deductible	First 4 visits \$10‡; additional visits \$10 after deductible	First 4 visits no charge‡; additional visits no charge after deductible
Specialty care office visit	First 4 visits \$50‡; additional visits \$50 after deductible	First 4 visits \$40‡; additional visits \$40 after deductible	First 4 visits \$5‡; additional visits \$5 after deductible
Most X-rays	30% after deductible	10% after deductible	5% after deductible
Most lab tests	30% after deductible	10% after deductible	5% after deductible
MRI, CT, PET	30% after deductible	10% after deductible	5% after deductible
Outpatient surgery	30% after deductible	10% after deductible	5% after deductible
Mental health visit	First 4 visits \$25‡; additional visits \$25 after deductible	First 4 visits \$10‡; additional visits \$10 after deductible	First 4 visits no charge‡; additional visits no charge after deductible
Inpatient hospital care			
Room and board, surgery, anesthesia, X-rays, lab tests, medications, mental health care	30% after deductible	10% after deductible	5% after deductible
Maternity			
Routine prenatal care and postpartum visits	No charge	No charge	No charge
Delivery and inpatient well-baby care	30% after deductible	10% after deductible	5% after deductible
Emergency and urgent care			
Emergency Department visit	30% after deductible	10% after deductible	5% after deductible
Urgent care visit	First 4 visits \$50‡; additional visits \$50 after deductible	First 4 visits \$40‡; additional visits \$40 after deductible	First 4 visits \$5‡; additional visits \$5 after deductible
Prescription drugs (up to a 30-day supply)			
Generic	\$10*	\$10*	\$5*
Preferred brand	40% after deductible*	30% after deductible*	10% after deductible*
Non-preferred brand	50% after deductible*	40% after deductible*	40% after deductible*
Specialty	50% after deductible*	40% after deductible*	40% after deductible*
Whole health			
Healthy services	10 in-network chiropractic visits and 12 acupuncture visits, first 4 visits \$25 primary care‡; additional visits \$25 primary care after deductible. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, first 4 visits \$10 primary care‡; additional visits \$10 primary care after deductible. For more healthy offerings visit kp.org/healthyliving .	10 in-network chiropractic visits and 12 acupuncture visits, first 4 visits no charge primary care‡; additional visits no charge primary care after deductible. For more healthy offerings visit kp.org/healthyliving .

‡ First visits can be any combination of primary care and other qualified services.

* After the first fill, maintenance drugs are required to be filled at a KHPWA facility or through KHPWA mail order.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

This plan summary highlights the benefits, copays, coinsurance, and deductibles that are most frequently asked about. Please refer to the *Evidence of Coverage* for more details on your plan or for specific limitations and exclusions. To request a copy of the Evidence of Coverage, please visit kp.org/plandocuments, call us at **1-800-290-8900** (TTY 711), or contact your producer.

Find your rate

Use the monthly rates chart on the following pages or apply on buykp.org/apply to have your rate calculated automatically. Along with your monthly rate, consider what you'll need to pay when you get care.

How is your rate determined?

Your rate is based on:

- The plan you choose
- Where you live, based on your county
- Your age on your plan start date (effective date)
- If you qualify for federal financial assistance. Visit buykp.org/apply or call us at **1-800-494-5314 (TTY 711)** to see if you may qualify.
- If you use tobacco. Go to buykp.org/apply to see your rate.
- If you add an optional adult/family or pediatric only dental rider to your plan

Interested in a family plan?

Find the rate for each family member, based on his or her age on the start date.





















Family members include:

- You
- Your spouse/domestic partner
- All adult children 21 through 25
- Your 3 oldest children under 21

If you have more than 3 children under 21, you only need to pay for the 3 oldest. The other children under 21 will be covered at no charge.

What plans are available in your county?









Below is a list of our service area counties and plan availability. The rates in the monthly rates chart apply to these counties. Please check that your county is listed below. If it isn't, call us at **1-800-494-5314 (TTY 711)** for information on other rate areas.

Plan name	 	Provider Network	Service area counties
Basics Plus Catastrophic		CoreSelect	Benton, Columbia, Franklin, Island, King, Kitsap, Lewis, Mason, Pierce, Skagit, Snohomish, Spokane, Thurston, Walla Walla, Whatcom, Whitman, Yakima
Bronze			
Bronze HSA X			
Flex Bronze	 		
Silver HSA			
Flex Silver HD			
Flex Gold	 		
Kaiser Permanente Cascade Bronze			
Kaiser Permanente Cascade Silver			
Kaiser Permanente Cascade Gold			
Bronze HSA		CoreSelect	Benton, Columbia, Franklin, Island, Lewis, Mason, Skagit, Walla Walla, Whatcom, Whitman, Yakima
Flex Silver			
Virtual Plus Silver		Connect	King, Kitsap, Pierce, Snohomish, Spokane, Thurston
Virtual Plus Silver X			
Virtual Plus Bronze	 		

2023 Monthly rates

Tobacco non-user King county

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	 Virtual Plus Bronze	 Bronze	 Bronze HSA X	 Flex Bronze	 Virtual Plus Silver X	 Silver HSA	 Flex Silver HD	 Flex Gold
0-14	\$179.81	\$181.66	\$187.07	\$191.68	\$203.88	\$213.46	\$208.94	\$262.81
15	195.79	197.80	203.70	208.72	222.00	232.43	227.52	286.17
16	201.90	203.98	210.06	215.23	228.93	239.69	234.62	295.11
17	208.01	210.15	216.42	221.75	235.86	246.94	241.72	304.04
18	214.60	216.80	223.27	228.76	243.32	254.76	249.37	313.66
19	221.18	223.45	230.11	235.78	250.79	262.57	257.02	323.28
20	227.99	230.33	237.20	243.04	258.51	270.66	264.94	333.24
21-24	235.05	237.46	244.54	250.56	266.51	279.03	273.13	343.54
25	235.99	238.41	245.52	251.56	267.58	280.15	274.22	344.92
26	240.69	243.16	250.41	256.57	272.91	285.73	279.69	351.79
27	246.33	248.86	256.28	262.59	279.30	292.43	286.24	360.04
28	255.49	258.12	265.82	272.36	289.70	303.31	296.89	373.43
29	263.02	265.72	273.64	280.38	298.22	312.24	305.63	384.43
30	266.78	269.51	277.55	284.39	302.49	316.70	310.00	389.92
31	272.42	275.21	283.42	290.40	308.88	323.40	316.56	398.17
32	278.06	280.91	289.29	296.41	315.28	330.10	323.11	406.41
33	281.58	284.47	292.96	300.17	319.28	334.28	327.21	411.57
34	285.34	288.27	296.87	304.18	323.54	338.75	331.58	417.06
35	287.23	290.17	298.83	306.18	325.67	340.98	333.77	419.81
36	289.11	292.07	300.79	308.19	327.81	343.21	335.95	422.56
37	290.99	293.97	302.74	310.19	329.94	345.44	338.14	425.31
38	292.87	295.87	304.70	312.20	332.07	347.67	340.32	428.06
39	296.63	299.67	308.61	316.21	336.33	352.14	344.69	433.55
40	300.39	303.47	312.52	320.22	340.60	356.60	349.06	439.05
41	306.03	309.17	318.39	326.23	346.99	363.30	355.62	447.30
42	311.43	314.63	324.02	331.99	353.12	369.72	361.90	455.20
43	318.96	322.23	331.84	340.01	361.65	378.65	370.64	466.19
44	328.36	331.73	341.62	350.03	372.31	389.81	381.56	479.93
45	339.41	342.89	353.12	361.81	384.84	402.92	394.40	496.08
46	352.57	356.19	366.81	375.84	399.76	418.55	409.70	515.32
47	367.38	371.15	382.22	391.62	416.55	436.13	426.90	536.96
48	384.30	388.24	399.82	409.67	435.74	456.22	446.57	561.70
49	400.99	405.10	417.19	427.45	454.66	476.03	465.96	586.09
50	419.79	424.10	436.75	447.50	475.99	498.35	487.81	613.57
51	438.36	442.86	456.07	467.29	497.04	520.40	509.39	640.71
52	458.81	463.52	477.34	489.09	520.23	544.67	533.15	670.60
53	479.49	484.41	498.86	511.14	543.68	569.23	557.19	700.83
54	501.82	506.97	522.09	534.94	569.00	595.73	583.13	733.47
55	524.15	529.53	545.33	558.75	594.32	622.24	609.08	766.11
56	548.36	553.99	570.51	584.56	621.77	650.98	637.21	801.49
57	572.81	578.69	595.95	610.61	649.48	680.00	665.62	837.22
58	598.90	605.04	623.09	638.43	679.07	710.98	695.94	875.35
59	611.82	618.10	636.54	652.21	693.72	726.32	710.96	894.25
60	637.91	644.46	663.68	680.02	723.31	757.29	741.28	932.38
61	660.48	667.26	687.16	704.07	748.89	784.08	767.50	965.36
62	675.28	682.22	702.57	719.86	765.68	801.66	784.70	987.00
63	693.85	700.98	721.88	739.65	786.73	823.70	806.28	1,014.14
64+	705.14	712.37	733.62	751.68	799.53	837.09	819.39	1,030.62

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user King county

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E Virtual Plus Silver (includes all CSR plan variations)	E Flex Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus
0-14	N/A	\$191.54	\$228.56	N/A	\$251.93	\$277.20	\$152.34
15	N/A	208.56	248.87	N/A	274.32	301.84	165.89
16	N/A	215.07	256.64	N/A	282.89	311.26	171.06
17	N/A	221.58	264.41	N/A	291.45	320.68	176.24
18	N/A	228.59	272.78	N/A	300.67	330.83	181.82
19	N/A	235.60	281.14	N/A	309.89	340.97	187.39
20	N/A	242.86	289.81	N/A	319.44	351.48	193.17
21-24	N/A	250.37	298.77	N/A	329.32	362.35	199.14
25	N/A	251.38	299.96	N/A	330.64	363.80	199.94
26	N/A	256.38	305.94	N/A	337.22	371.05	203.92
27	N/A	262.39	313.11	N/A	345.13	379.75	208.70
28	N/A	272.16	324.76	N/A	357.97	393.88	216.47
29	N/A	280.17	334.32	N/A	368.51	405.47	222.84
30	N/A	284.18	339.10	N/A	373.78	411.27	226.03
31	N/A	290.18	346.27	N/A	381.68	419.97	230.81
32	N/A	296.19	353.44	N/A	389.59	428.66	235.59
33	N/A	299.95	357.92	N/A	394.53	434.10	238.57
34	N/A	303.96	362.71	N/A	399.79	439.90	241.76
35	N/A	305.96	365.10	N/A	402.43	442.79	243.35
36	N/A	307.96	367.49	N/A	405.06	445.69	244.95
37	N/A	309.96	369.88	N/A	407.70	448.59	246.54
38	N/A	311.97	372.27	N/A	410.33	451.49	248.13
39	N/A	315.97	377.05	N/A	415.60	457.29	251.32
40	N/A	319.98	381.83	N/A	420.87	463.09	254.50
41	N/A	325.99	389.00	N/A	428.77	471.78	259.28
42	N/A	331.75	395.87	N/A	436.35	480.12	263.86
43	N/A	339.76	405.43	N/A	446.89	491.71	270.24
44	N/A	349.77	417.38	N/A	460.06	506.21	278.20
45	N/A	361.54	431.42	N/A	475.54	523.24	287.56
46	N/A	375.56	448.15	N/A	493.98	543.53	298.71
47	N/A	391.34	466.98	N/A	514.73	566.36	311.26
48	N/A	409.36	488.49	N/A	538.44	592.45	325.60
49	N/A	427.14	509.70	N/A	561.82	618.17	339.74
50	N/A	447.17	533.60	N/A	588.17	647.16	355.67
51	N/A	466.95	557.20	N/A	614.18	675.79	371.40
52	N/A	488.73	583.20	N/A	642.83	707.31	388.73
53	N/A	510.76	609.49	N/A	671.81	739.20	406.25
54	N/A	534.55	637.87	N/A	703.10	773.62	425.17
55	N/A	558.34	666.25	N/A	734.38	808.05	444.09
56	N/A	584.12	697.03	N/A	768.30	845.37	464.60
57	N/A	610.16	728.10	N/A	802.55	883.05	485.31
58	N/A	637.96	761.26	N/A	839.11	923.27	507.42
59	N/A	651.73	777.69	N/A	857.22	943.20	518.37
60	N/A	679.52	810.86	N/A	893.77	983.42	540.47
61	N/A	703.55	839.54	N/A	925.39	1,018.21	559.59
62	N/A	719.33	858.36	N/A	946.14	1,041.04	572.14
63	N/A	739.11	881.96	N/A	972.15	1,069.66	587.87
64+	N/A	751.11	896.31	N/A	987.96	1,087.05	597.42

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user
Kitsap and Lewis counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	KP E	KP	KP	KP E	KP	KP	KP	KP E
	Virtual Plus Bronze*	Bronze	Bronze HSA X	Flex Bronze	Virtual Plus Silver X*	Silver HSA	Flex Silver HD	Flex Gold
0-14	\$206.78	\$208.90	\$215.13	\$220.43	\$234.46	\$245.48	\$240.29	\$302.23
15	225.16	227.47	234.26	240.02	255.30	267.30	261.65	329.10
16	232.19	234.57	241.57	247.52	263.27	275.64	269.81	339.37
17	239.22	241.67	248.88	255.01	271.24	283.99	277.98	349.64
18	246.79	249.32	256.76	263.08	279.82	292.97	286.77	360.71
19	254.35	256.97	264.63	271.14	288.40	301.96	295.57	371.77
20	262.19	264.88	272.79	279.50	297.29	311.26	304.68	383.22
21-24	270.30	273.08	281.22	288.14	306.49	320.89	314.10	395.08
25	271.38	274.17	282.35	289.30	307.71	322.17	315.36	396.66
26	276.79	279.63	287.97	295.06	313.84	328.59	321.64	404.56
27	283.28	286.18	294.72	301.97	321.20	336.29	329.18	414.04
28	293.82	296.83	305.69	313.21	333.15	348.80	341.43	429.45
29	302.47	305.57	314.69	322.43	342.96	359.07	351.48	442.09
30	306.79	309.94	319.19	327.04	347.86	364.21	356.50	448.41
31	313.28	316.50	325.94	333.96	355.22	371.91	364.04	457.89
32	319.77	323.05	332.69	340.87	362.57	379.61	371.58	467.38
33	323.82	327.15	336.90	345.20	367.17	384.42	376.29	473.30
34	328.15	331.52	341.40	349.81	372.07	389.56	381.32	479.62
35	330.31	333.70	343.65	352.11	374.53	392.12	383.83	482.78
36	332.47	335.88	345.90	354.42	376.98	394.69	386.34	485.94
37	334.63	338.07	348.15	356.72	379.43	397.26	388.86	489.10
38	336.80	340.25	350.40	359.03	381.88	399.83	391.37	492.27
39	341.12	344.62	354.90	363.64	386.78	404.96	396.39	498.59
40	345.45	348.99	359.40	368.25	391.69	410.09	401.42	504.91
41	351.93	355.55	366.15	375.16	399.04	417.80	408.96	514.39
42	358.15	361.83	372.62	381.79	406.09	425.18	416.18	523.48
43	366.80	370.57	381.62	391.01	415.90	435.44	426.23	536.12
44	377.61	381.49	392.87	402.54	428.16	448.28	438.80	551.92
45	390.32	394.32	406.08	416.08	442.57	463.36	453.56	570.49
46	405.45	409.62	421.83	432.22	459.73	481.33	471.15	592.62
47	422.48	426.82	439.55	450.37	479.04	501.55	490.94	617.50
48	441.94	446.48	459.80	471.11	501.10	524.65	513.55	645.95
49	461.14	465.87	479.76	491.57	522.86	547.43	535.85	674.00
50	482.76	487.72	502.26	514.62	547.38	573.11	560.98	705.61
51	504.11	509.29	524.48	537.39	571.60	598.46	585.80	736.82
52	527.63	533.05	548.95	562.46	598.26	626.37	613.12	771.19
53	551.42	557.08	573.69	587.81	625.23	654.61	640.76	805.96
54	577.09	583.02	600.41	615.19	654.35	685.10	670.60	843.49
55	602.77	608.96	627.13	642.56	683.46	715.58	700.44	881.02
56	630.61	637.09	656.09	672.24	715.03	748.63	732.80	921.71
57	658.73	665.49	685.34	702.21	746.91	782.00	765.46	962.80
58	688.73	695.80	716.55	734.19	780.93	817.62	800.33	1,006.66
59	703.60	710.82	732.02	750.04	797.78	835.27	817.60	1,028.38
60	733.60	741.13	763.24	782.02	831.80	870.89	852.47	1,072.24
61	759.55	767.35	790.23	809.68	861.22	901.69	882.62	1,110.17
62	776.58	784.55	807.95	827.84	880.53	921.91	902.41	1,135.06
63	797.93	806.12	830.17	850.60	904.75	947.26	927.22	1,166.27
64+	810.90	819.23	843.66	864.42	919.46	962.66	942.30	1,185.23

*Available only in Kitsap county

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user

Kitsap and Lewis counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	E Bronze HSA**	E Kaiser Permanente Cascade Bronze	E Virtual Plus Silver* (includes all CSR plan variations)	E Flex Silver** (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus
0-14	\$215.15	\$220.27	\$262.84	\$280.29	\$289.72	\$318.78	\$175.20
15	234.27	239.85	286.21	305.20	315.47	347.12	190.77
16	241.59	247.33	295.14	314.73	325.32	357.95	196.72
17	248.90	254.82	304.07	324.25	335.17	368.78	202.68
18	256.77	262.88	313.69	334.51	345.77	380.45	209.09
19	264.65	270.94	323.31	344.77	356.37	392.12	215.50
20	272.80	279.29	333.28	355.40	367.36	404.20	222.14
21-24	281.24	287.93	343.58	366.39	378.72	416.71	229.01
25	282.37	289.08	344.96	367.86	380.23	418.37	229.93
26	287.99	294.84	351.83	375.18	387.81	426.71	234.51
27	294.74	301.75	360.08	383.98	396.90	436.71	240.01
28	305.71	312.98	373.48	398.27	411.67	452.96	248.94
29	314.71	322.19	384.47	409.99	423.79	466.29	256.27
30	319.21	326.80	389.97	415.85	429.84	472.96	259.93
31	325.96	333.71	398.21	424.65	438.93	482.96	265.43
32	332.71	340.62	406.46	433.44	448.02	492.96	270.92
33	336.93	344.94	411.61	438.93	453.70	499.21	274.36
34	341.43	349.55	417.11	444.80	459.76	505.88	278.02
35	343.68	351.85	419.86	447.73	462.79	509.21	279.86
36	345.93	354.16	422.61	450.66	465.82	512.55	281.69
37	348.18	356.46	425.36	453.59	468.85	515.88	283.52
38	350.43	358.76	428.11	456.52	471.88	519.22	285.35
39	354.93	363.37	433.60	462.38	477.94	525.88	289.02
40	359.43	367.98	439.10	468.25	484.00	532.55	292.68
41	366.18	374.89	447.35	477.04	493.09	542.55	298.18
42	372.65	381.51	455.25	485.47	501.80	552.13	303.44
43	381.65	390.72	466.24	497.19	513.92	565.47	310.77
44	392.90	402.24	479.99	511.85	529.07	582.14	319.93
45	406.11	415.77	496.14	529.07	546.87	601.72	330.70
46	421.86	431.90	515.38	549.58	568.08	625.06	343.52
47	439.58	450.04	537.02	572.67	591.94	651.31	357.95
48	459.83	470.77	561.76	599.05	619.20	681.31	374.44
49	479.80	491.21	586.15	625.06	646.09	710.90	390.70
50	502.30	514.24	613.64	654.37	676.39	744.24	409.02
51	524.52	536.99	640.78	683.32	706.31	777.16	427.11
52	548.98	562.04	670.68	715.19	739.26	813.41	447.04
53	573.73	587.38	700.91	747.43	772.58	850.08	467.19
54	600.45	614.73	733.55	782.24	808.56	889.67	488.94
55	627.17	642.09	766.19	817.05	844.54	929.25	510.70
56	656.14	671.74	801.58	854.79	883.55	972.17	534.29
57	685.39	701.69	837.31	892.89	922.94	1,015.51	558.11
58	716.60	733.65	875.45	933.56	964.97	1,061.77	583.53
59	732.07	749.48	894.35	953.71	985.80	1,084.68	596.12
60	763.29	781.44	932.49	994.38	1,027.84	1,130.94	621.54
61	790.29	809.09	965.47	1,029.55	1,064.20	1,170.94	643.53
62	808.01	827.23	987.12	1,052.64	1,088.06	1,197.19	657.96
63	830.23	849.97	1,014.26	1,081.58	1,117.98	1,230.11	676.05
64+	843.72	863.79	1,030.74	1,099.17	1,136.15	1,250.12	687.03

*Available only in Kitsap county









**Available only in Lewis county

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user
Spokane county

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	 Virtual Plus Bronze	 Bronze	 Bronze HSA X	 Flex Bronze	 Virtual Plus Silver X	 Silver HSA	 Flex Silver HD	 Flex Gold
0-14	\$195.81	\$197.82	\$203.72	\$208.74	\$222.02	\$232.46	\$227.54	\$286.20
15	213.22	215.41	221.83	227.29	241.76	253.12	247.77	311.64
16	219.87	222.13	228.76	234.39	249.31	261.02	255.50	321.37
17	226.53	228.85	235.68	241.48	256.85	268.92	263.23	331.10
18	233.70	236.09	243.14	249.12	264.98	277.43	271.56	341.57
19	240.86	243.33	250.59	256.76	273.10	285.94	279.89	352.05
20	248.29	250.83	258.32	264.67	281.52	294.75	288.52	362.90
21-24	255.96	258.59	266.31	272.86	290.23	303.87	297.44	374.12
25	256.99	259.63	267.37	273.95	291.39	305.08	298.63	375.62
26	262.11	264.80	272.70	279.41	297.19	311.16	304.58	383.10
27	268.25	271.00	279.09	285.96	304.16	318.45	311.72	392.08
28	278.23	281.09	289.47	296.60	315.48	330.30	323.32	406.67
29	286.42	289.36	298.00	305.33	324.77	340.03	332.83	418.64
30	290.52	293.50	302.26	309.70	329.41	344.89	337.59	424.63
31	296.66	299.71	308.65	316.24	336.37	352.18	344.73	433.61
32	302.81	305.91	315.04	322.79	343.34	359.47	351.87	442.58
33	306.65	309.79	319.03	326.89	347.69	364.03	356.33	448.20
34	310.74	313.93	323.29	331.25	352.34	368.89	361.09	454.18
35	312.79	316.00	325.42	333.43	354.66	371.32	363.47	457.18
36	314.84	318.07	327.56	335.62	356.98	373.76	365.85	460.17
37	316.88	320.14	329.69	337.80	359.30	376.19	368.23	463.16
38	318.93	322.21	331.82	339.98	361.62	378.62	370.61	466.15
39	323.03	326.34	336.08	344.35	366.27	383.48	375.37	472.14
40	327.12	330.48	340.34	348.71	370.91	388.34	380.13	478.13
41	333.27	336.69	346.73	355.26	377.88	395.63	387.27	487.10
42	339.15	342.63	352.85	361.54	384.55	402.62	394.11	495.71
43	347.34	350.91	361.38	370.27	393.84	412.35	403.62	507.68
44	357.58	361.25	372.03	381.18	405.45	424.50	415.52	522.65
45	369.61	373.41	384.54	394.01	419.09	438.78	429.50	540.23
46	383.95	387.89	399.46	409.29	435.34	455.80	446.16	561.18
47	400.07	404.18	416.23	426.48	453.63	474.94	464.90	584.75
48	418.50	422.80	435.41	446.13	474.52	496.82	486.31	611.69
49	436.67	441.16	454.32	465.50	495.13	518.40	507.43	638.25
50	457.15	461.85	475.62	487.33	518.35	542.71	531.23	668.18
51	477.37	482.27	496.66	508.88	541.28	566.71	554.72	697.73
52	499.64	504.77	519.83	532.62	566.53	593.15	580.60	730.28
53	522.17	527.53	543.26	556.63	592.07	619.89	606.78	763.21
54	546.48	552.09	568.56	582.55	619.64	648.76	635.03	798.75
55	570.80	576.66	593.86	608.48	647.21	677.62	663.29	834.29
56	597.16	603.29	621.29	636.58	677.10	708.92	693.93	872.82
57	623.78	630.19	648.99	664.96	707.29	740.52	724.86	911.73
58	652.20	658.89	678.55	695.25	739.50	774.25	757.87	953.26
59	666.27	673.11	693.19	710.25	755.46	790.96	774.23	973.84
60	694.69	701.82	722.75	740.54	787.68	824.69	807.25	1,015.36
61	719.26	726.64	748.32	766.74	815.54	853.87	835.80	1,051.28
62	735.39	742.93	765.09	783.93	833.83	873.01	854.54	1,074.85
63	755.61	763.36	786.13	805.48	856.75	897.01	878.04	1,104.40
64+	767.88	775.77	798.92	818.58	870.69	911.60	892.32	1,122.36

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user Spokane county

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E Virtual Plus Silver (includes all CSR plan variations)	E Flex Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus
0-14	N/A	\$208.58	\$248.90	N/A	\$274.35	\$301.87	\$165.90
15	N/A	227.12	271.02	N/A	298.74	328.70	180.65
16	N/A	234.21	279.48	N/A	308.06	338.96	186.29
17	N/A	241.30	287.94	N/A	317.39	349.22	191.93
18	N/A	248.94	297.05	N/A	327.43	360.27	198.00
19	N/A	256.57	306.16	N/A	337.47	371.32	204.07
20	N/A	264.48	315.60	N/A	347.87	382.76	210.36
21-24	N/A	272.66	325.36	N/A	358.63	394.60	216.87
25	N/A	273.75	326.66	N/A	360.06	396.18	217.73
26	N/A	279.20	333.17	N/A	367.24	404.07	222.07
27	N/A	285.75	340.98	N/A	375.84	413.54	227.28
28	N/A	296.38	353.67	N/A	389.83	428.93	235.73
29	N/A	305.10	364.08	N/A	401.31	441.56	242.67
30	N/A	309.47	369.28	N/A	407.04	447.87	246.14
31	N/A	316.01	377.09	N/A	415.65	457.34	251.35
32	N/A	322.55	384.90	N/A	424.26	466.81	256.55
33	N/A	326.64	389.78	N/A	429.64	472.73	259.81
34	N/A	331.01	394.99	N/A	435.38	479.05	263.28
35	N/A	333.19	397.59	N/A	438.25	482.20	265.01
36	N/A	335.37	400.19	N/A	441.11	485.36	266.75
37	N/A	337.55	402.79	N/A	443.98	488.52	268.48
38	N/A	339.73	405.40	N/A	446.85	491.67	270.22
39	N/A	344.09	410.60	N/A	452.59	497.99	273.69
40	N/A	348.46	415.81	N/A	458.33	504.30	277.16
41	N/A	355.00	423.62	N/A	466.94	513.77	282.36
42	N/A	361.27	431.10	N/A	475.18	522.85	287.35
43	N/A	370.00	441.51	N/A	486.66	535.47	294.29
44	N/A	380.90	454.53	N/A	501.01	551.26	302.96
45	N/A	393.72	469.82	N/A	517.86	569.81	313.15
46	N/A	408.99	488.04	N/A	537.94	591.90	325.30
47	N/A	426.16	508.54	N/A	560.54	616.76	338.96
48	N/A	445.80	531.96	N/A	586.36	645.17	354.58
49	N/A	465.15	555.06	N/A	611.82	673.19	369.97
50	N/A	486.97	581.09	N/A	640.51	704.76	387.32
51	N/A	508.51	606.79	N/A	668.84	735.93	404.46
52	N/A	532.23	635.10	N/A	700.04	770.26	423.32
53	N/A	556.22	663.73	N/A	731.60	804.99	442.41
54	N/A	582.13	694.64	N/A	765.67	842.48	463.01
55	N/A	608.03	725.55	N/A	799.74	879.96	483.61
56	N/A	636.11	759.06	N/A	836.68	920.61	505.95
57	N/A	664.47	792.90	N/A	873.98	961.64	528.50
58	N/A	694.73	829.01	N/A	913.79	1,005.45	552.58
59	N/A	709.73	846.91	N/A	933.51	1,027.15	564.50
60	N/A	739.99	883.02	N/A	973.32	1,070.95	588.57
61	N/A	766.17	914.26	N/A	1,007.75	1,108.83	609.39
62	N/A	783.35	934.76	N/A	1,030.34	1,133.69	623.06
63	N/A	804.89	960.46	N/A	1,058.67	1,164.86	640.19
64+	N/A	817.97	976.08	N/A	1,075.89	1,183.80	650.60

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user

Mason, Pierce and Thurston counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	KP E Virtual Plus Bronze*	KP Bronze	KP Bronze HSA X	KP E Flex Bronze	KP Virtual Plus Silver X*	KP Silver HSA	KP Flex Silver HD	KP E Flex Gold
0-14	\$204.26	\$206.36	\$212.52	\$217.75	\$231.61	\$242.49	\$237.36	\$298.55
15	222.42	224.70	231.41	237.10	252.19	264.05	258.46	325.09
16	229.36	231.72	238.63	244.50	260.07	272.29	266.53	335.24
17	236.31	238.73	245.85	251.90	267.94	280.53	274.59	345.39
18	243.78	246.28	253.63	259.87	276.41	289.40	283.28	356.31
19	251.26	253.84	261.41	267.84	284.89	298.28	291.97	367.24
20	259.00	261.66	269.46	276.10	293.67	307.47	300.97	378.56
21-24	267.01	269.75	277.80	284.64	302.75	316.98	310.28	390.27
25	268.08	270.83	278.91	285.77	303.97	318.25	311.52	391.83
26	273.42	276.23	284.47	291.47	310.02	324.59	317.72	399.63
27	279.83	282.70	291.13	298.30	317.29	332.20	325.17	409.00
28	290.24	293.22	301.97	309.40	329.09	344.56	337.27	424.22
29	298.79	301.85	310.86	318.51	338.78	354.70	347.20	436.71
30	303.06	306.17	315.30	323.06	343.63	359.77	352.16	442.95
31	309.47	312.64	321.97	329.89	350.89	367.38	359.61	452.32
32	315.87	319.12	328.64	336.72	358.16	374.99	367.06	461.69
33	319.88	323.16	332.80	340.99	362.70	379.74	371.71	467.54
34	324.15	327.48	337.25	345.55	367.54	384.82	376.68	473.78
35	326.29	329.64	339.47	347.82	369.97	387.35	379.16	476.91
36	328.42	331.80	341.69	350.10	372.39	389.89	381.64	480.03
37	330.56	333.95	343.91	352.38	374.81	392.42	384.12	483.15
38	332.70	336.11	346.14	354.66	377.23	394.96	386.60	486.27
39	336.97	340.43	350.58	359.21	382.08	400.03	391.57	492.52
40	341.24	344.74	355.03	363.76	386.92	405.10	396.53	498.76
41	347.65	351.22	361.69	370.60	394.19	412.71	403.98	508.13
42	353.79	357.42	368.08	377.14	401.15	420.00	411.12	517.10
43	362.33	366.05	376.97	386.25	410.84	430.14	421.04	529.59
44	373.01	376.84	388.08	397.64	422.95	442.82	433.46	545.20
45	385.56	389.52	401.14	411.01	437.18	457.72	448.04	563.55
46	400.52	404.63	416.70	426.95	454.13	475.47	465.41	585.40
47	417.34	421.62	434.20	444.89	473.21	495.44	484.96	609.99
48	436.56	441.05	454.20	465.38	495.00	518.26	507.30	638.09
49	455.52	460.20	473.92	485.59	516.50	540.77	529.33	665.80
50	476.88	481.78	496.15	508.36	540.72	566.13	554.15	697.02
51	497.98	503.09	518.09	530.85	564.64	591.17	578.66	727.85
52	521.21	526.56	542.26	555.61	590.98	618.75	605.66	761.80
53	544.70	550.30	566.71	580.66	617.62	646.64	632.96	796.14
54	570.07	575.92	593.10	607.70	646.38	676.75	662.44	833.22
55	595.44	601.55	619.49	634.74	675.14	706.87	691.92	870.30
56	622.94	629.33	648.10	664.06	706.33	739.52	723.87	910.49
57	650.71	657.39	676.99	693.66	737.81	772.48	756.14	951.08
58	680.34	687.33	707.83	725.25	771.42	807.67	790.58	994.40
59	695.03	702.17	723.11	740.91	788.07	825.10	807.65	1,015.87
60	724.67	732.11	753.95	772.50	821.68	860.29	842.09	1,059.18
61	750.30	758.00	780.61	799.83	850.74	890.72	871.88	1,096.65
62	767.12	775.00	798.12	817.76	869.81	910.69	891.42	1,121.24
63	788.22	796.31	820.06	840.24	893.73	935.73	915.94	1,152.07
64+	801.03	809.25	833.40	853.91	908.25	950.94	930.83	1,170.80

*Available only in Pierce and Thurston counties

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user

Mason, Pierce and Thurston counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	Bronze HSA**	Kaiser Permanente Cascade Bronze	Virtual Plus Silver* (includes all CSR plan variations)	Flex Silver** (includes all CSR plan variations)	Kaiser Permanente Cascade Silver (includes all CSR plan variations)	Kaiser Permanente Cascade Gold	Basics Plus
0-14	\$212.53	\$217.59	\$259.64	\$276.88	\$286.19	\$314.90	\$173.06
15	231.42	236.93	282.72	301.49	311.63	342.89	188.45
16	238.65	244.32	291.55	310.90	321.36	353.59	194.33
17	245.87	251.72	300.37	320.31	331.09	364.29	200.21
18	253.65	259.68	309.87	330.44	341.56	375.82	206.54
19	261.43	267.64	319.38	340.58	352.04	387.35	212.88
20	269.48	275.89	329.22	351.07	362.88	399.28	219.44
21-24	277.82	284.43	339.40	361.93	374.11	411.63	226.23
25	278.93	285.56	340.76	363.38	375.60	413.28	227.13
26	284.49	291.25	347.55	370.62	383.09	421.51	231.66
27	291.15	298.08	355.69	379.30	392.06	431.39	237.08
28	301.99	309.17	368.93	393.42	406.65	447.44	245.91
29	310.88	318.27	379.79	405.00	418.63	460.62	253.15
30	315.32	322.82	385.22	410.79	424.61	467.20	256.77
31	321.99	329.65	393.37	419.48	433.59	477.08	262.20
32	328.66	336.48	401.51	428.16	442.57	486.96	267.63
33	332.83	340.74	406.60	433.59	448.18	493.14	271.02
34	337.27	345.29	412.03	439.38	454.17	499.72	274.64
35	339.49	347.57	414.75	442.28	457.16	503.01	276.45
36	341.72	349.84	417.46	445.17	460.15	506.31	278.26
37	343.94	352.12	420.18	448.07	463.14	509.60	280.07
38	346.16	354.39	422.89	450.96	466.14	512.89	281.88
39	350.61	358.95	428.32	456.75	472.12	519.48	285.50
40	355.05	363.50	433.75	462.55	478.11	526.07	289.12
41	361.72	370.32	441.90	471.23	487.09	535.95	294.55
42	368.11	376.86	449.71	479.56	495.69	545.41	299.75
43	377.00	385.97	460.57	491.14	507.66	558.59	306.99
44	388.11	397.34	474.14	505.61	522.63	575.05	316.04
45	401.17	410.71	490.10	522.63	540.21	594.40	326.67
46	416.73	426.64	509.10	542.89	561.16	617.45	339.34
47	434.23	444.56	530.48	565.70	584.73	643.38	353.59
48	454.23	465.04	554.92	591.75	611.67	673.02	369.88
49	473.96	485.23	579.02	617.45	638.23	702.25	385.94
50	496.18	507.98	606.17	646.41	668.16	735.18	404.04
51	518.13	530.45	632.98	675.00	697.71	767.69	421.91
52	542.30	555.20	662.51	706.49	730.26	803.51	441.59
53	566.75	580.23	692.38	738.34	763.18	839.73	461.50
54	593.14	607.25	724.62	772.72	798.72	878.84	482.99
55	619.53	634.27	756.86	807.10	834.26	917.94	504.48
56	648.15	663.57	791.82	844.38	872.79	960.34	527.79
57	677.04	693.15	827.12	882.02	911.70	1,003.15	551.31
58	707.88	724.72	864.79	922.20	953.23	1,048.84	576.42
59	723.16	740.36	883.46	942.10	973.80	1,071.48	588.87
60	754.00	771.93	921.13	982.28	1,015.33	1,117.17	613.98
61	780.67	799.24	953.72	1,017.02	1,051.24	1,156.69	635.69
62	798.17	817.16	975.10	1,039.82	1,074.81	1,182.62	649.95
63	820.12	839.62	1,001.91	1,068.41	1,104.36	1,215.14	667.82
64+	833.45	853.28	1,018.20	1,085.79	1,122.32	1,234.89	678.68

*Available only in Pierce and Thurston counties

**Available only in Mason county









Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user

Benton, Franklin and Yakima counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	 Virtual Plus Bronze	 Bronze	 Bronze HSA X	 Flex Bronze	 Virtual Plus Silver X	 Silver HSA	 Flex Silver HD	 Flex Gold
0-14	N/A	\$208.90	\$215.13	\$220.43	N/A	\$245.48	\$240.29	\$302.23
15	N/A	227.47	234.26	240.02	N/A	267.30	261.65	329.10
16	N/A	234.57	241.57	247.52	N/A	275.64	269.81	339.37
17	N/A	241.67	248.88	255.01	N/A	283.99	277.98	349.64
18	N/A	249.32	256.76	263.08	N/A	292.97	286.77	360.71
19	N/A	256.97	264.63	271.14	N/A	301.96	295.57	371.77
20	N/A	264.88	272.79	279.50	N/A	311.26	304.68	383.22
21-24	N/A	273.08	281.22	288.14	N/A	320.89	314.10	395.08
25	N/A	274.17	282.35	289.30	N/A	322.17	315.36	396.66
26	N/A	279.63	287.97	295.06	N/A	328.59	321.64	404.56
27	N/A	286.18	294.72	301.97	N/A	336.29	329.18	414.04
28	N/A	296.83	305.69	313.21	N/A	348.80	341.43	429.45
29	N/A	305.57	314.69	322.43	N/A	359.07	351.48	442.09
30	N/A	309.94	319.19	327.04	N/A	364.21	356.50	448.41
31	N/A	316.50	325.94	333.96	N/A	371.91	364.04	457.89
32	N/A	323.05	332.69	340.87	N/A	379.61	371.58	467.38
33	N/A	327.15	336.90	345.20	N/A	384.42	376.29	473.30
34	N/A	331.52	341.40	349.81	N/A	389.56	381.32	479.62
35	N/A	333.70	343.65	352.11	N/A	392.12	383.83	482.78
36	N/A	335.88	345.90	354.42	N/A	394.69	386.34	485.94
37	N/A	338.07	348.15	356.72	N/A	397.26	388.86	489.10
38	N/A	340.25	350.40	359.03	N/A	399.83	391.37	492.27
39	N/A	344.62	354.90	363.64	N/A	404.96	396.39	498.59
40	N/A	348.99	359.40	368.25	N/A	410.09	401.42	504.91
41	N/A	355.55	366.15	375.16	N/A	417.80	408.96	514.39
42	N/A	361.83	372.62	381.79	N/A	425.18	416.18	523.48
43	N/A	370.57	381.62	391.01	N/A	435.44	426.23	536.12
44	N/A	381.49	392.87	402.54	N/A	448.28	438.80	551.92
45	N/A	394.32	406.08	416.08	N/A	463.36	453.56	570.49
46	N/A	409.62	421.83	432.22	N/A	481.33	471.15	592.62
47	N/A	426.82	439.55	450.37	N/A	501.55	490.94	617.50
48	N/A	446.48	459.80	471.11	N/A	524.65	513.55	645.95
49	N/A	465.87	479.76	491.57	N/A	547.43	535.85	674.00
50	N/A	487.72	502.26	514.62	N/A	573.11	560.98	705.61
51	N/A	509.29	524.48	537.39	N/A	598.46	585.80	736.82
52	N/A	533.05	548.95	562.46	N/A	626.37	613.12	771.19
53	N/A	557.08	573.69	587.81	N/A	654.61	640.76	805.96
54	N/A	583.02	600.41	615.19	N/A	685.10	670.60	843.49
55	N/A	608.96	627.13	642.56	N/A	715.58	700.44	881.02
56	N/A	637.09	656.09	672.24	N/A	748.63	732.80	921.71
57	N/A	665.49	685.34	702.21	N/A	782.00	765.46	962.80
58	N/A	695.80	716.55	734.19	N/A	817.62	800.33	1,006.66
59	N/A	710.82	732.02	750.04	N/A	835.27	817.60	1,028.38
60	N/A	741.13	763.24	782.02	N/A	870.89	852.47	1,072.24
61	N/A	767.35	790.23	809.68	N/A	901.69	882.62	1,110.17
62	N/A	784.55	807.95	827.84	N/A	921.91	902.41	1,135.06
63	N/A	806.12	830.17	850.60	N/A	947.26	927.22	1,166.27
64+	N/A	819.23	843.66	864.42	N/A	962.66	942.30	1,185.23

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user

Benton, Franklin and Yakima counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E Virtual Plus Silver (includes all CSR plan variations)	E Flex Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus
0-14	\$215.15	\$220.27	N/A	\$280.29	\$289.72	\$318.78	\$175.20
15	234.27	239.85	N/A	305.20	315.47	347.12	190.77
16	241.59	247.33	N/A	314.73	325.32	357.95	196.72
17	248.90	254.82	N/A	324.25	335.17	368.78	202.68
18	256.77	262.88	N/A	334.51	345.77	380.45	209.09
19	264.65	270.94	N/A	344.77	356.37	392.12	215.50
20	272.80	279.29	N/A	355.40	367.36	404.20	222.14
21-24	281.24	287.93	N/A	366.39	378.72	416.71	229.01
25	282.37	289.08	N/A	367.86	380.23	418.37	229.93
26	287.99	294.84	N/A	375.18	387.81	426.71	234.51
27	294.74	301.75	N/A	383.98	396.90	436.71	240.01
28	305.71	312.98	N/A	398.27	411.67	452.96	248.94
29	314.71	322.19	N/A	409.99	423.79	466.29	256.27
30	319.21	326.80	N/A	415.85	429.84	472.96	259.93
31	325.96	333.71	N/A	424.65	438.93	482.96	265.43
32	332.71	340.62	N/A	433.44	448.02	492.96	270.92
33	336.93	344.94	N/A	438.93	453.70	499.21	274.36
34	341.43	349.55	N/A	444.80	459.76	505.88	278.02
35	343.68	351.85	N/A	447.73	462.79	509.21	279.86
36	345.93	354.16	N/A	450.66	465.82	512.55	281.69
37	348.18	356.46	N/A	453.59	468.85	515.88	283.52
38	350.43	358.76	N/A	456.52	471.88	519.22	285.35
39	354.93	363.37	N/A	462.38	477.94	525.88	289.02
40	359.43	367.98	N/A	468.25	484.00	532.55	292.68
41	366.18	374.89	N/A	477.04	493.09	542.55	298.18
42	372.65	381.51	N/A	485.47	501.80	552.13	303.44
43	381.65	390.72	N/A	497.19	513.92	565.47	310.77
44	392.90	402.24	N/A	511.85	529.07	582.14	319.93
45	406.11	415.77	N/A	529.07	546.87	601.72	330.70
46	421.86	431.90	N/A	549.58	568.08	625.06	343.52
47	439.58	450.04	N/A	572.67	591.94	651.31	357.95
48	459.83	470.77	N/A	599.05	619.20	681.31	374.44
49	479.80	491.21	N/A	625.06	646.09	710.90	390.70
50	502.30	514.24	N/A	654.37	676.39	744.24	409.02
51	524.52	536.99	N/A	683.32	706.31	777.16	427.11
52	548.98	562.04	N/A	715.19	739.26	813.41	447.04
53	573.73	587.38	N/A	747.43	772.58	850.08	467.19
54	600.45	614.73	N/A	782.24	808.56	889.67	488.94
55	627.17	642.09	N/A	817.05	844.54	929.25	510.70
56	656.14	671.74	N/A	854.79	883.55	972.17	534.29
57	685.39	701.69	N/A	892.89	922.94	1,015.51	558.11
58	716.60	733.65	N/A	933.56	964.97	1,061.77	583.53
59	732.07	749.48	N/A	953.71	985.80	1,084.68	596.12
60	763.29	781.44	N/A	994.38	1,027.84	1,130.94	621.54
61	790.29	809.09	N/A	1,029.55	1,064.20	1,170.94	643.53
62	808.01	827.23	N/A	1,052.64	1,088.06	1,197.19	657.96
63	830.23	849.97	N/A	1,081.58	1,117.98	1,230.11	676.05
64+	843.72	863.79	N/A	1,099.17	1,136.15	1,250.12	687.03

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user

Island, Skagit, Snohomish and Whatcom counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	Virtual Plus Bronze*	Bronze	Bronze HSA X	Flex Bronze	Virtual Plus Silver X*	Silver HSA	Flex Silver HD	Flex Gold
	KP E	KP	KP	KP E	KP	KP	KP	KP E
0-14	\$206.78	\$208.90	\$215.13	\$220.43	\$234.46	\$245.48	\$240.29	\$302.23
15	225.16	227.47	234.26	240.02	255.30	267.30	261.65	329.10
16	232.19	234.57	241.57	247.52	263.27	275.64	269.81	339.37
17	239.22	241.67	248.88	255.01	271.24	283.99	277.98	349.64
18	246.79	249.32	256.76	263.08	279.82	292.97	286.77	360.71
19	254.35	256.97	264.63	271.14	288.40	301.96	295.57	371.77
20	262.19	264.88	272.79	279.50	297.29	311.26	304.68	383.22
21-24	270.30	273.08	281.22	288.14	306.49	320.89	314.10	395.08
25	271.38	274.17	282.35	289.30	307.71	322.17	315.36	396.66
26	276.79	279.63	287.97	295.06	313.84	328.59	321.64	404.56
27	283.28	286.18	294.72	301.97	321.20	336.29	329.18	414.04
28	293.82	296.83	305.69	313.21	333.15	348.80	341.43	429.45
29	302.47	305.57	314.69	322.43	342.96	359.07	351.48	442.09
30	306.79	309.94	319.19	327.04	347.86	364.21	356.50	448.41
31	313.28	316.50	325.94	333.96	355.22	371.91	364.04	457.89
32	319.77	323.05	332.69	340.87	362.57	379.61	371.58	467.38
33	323.82	327.15	336.90	345.20	367.17	384.42	376.29	473.30
34	328.15	331.52	341.40	349.81	372.07	389.56	381.32	479.62
35	330.31	333.70	343.65	352.11	374.53	392.12	383.83	482.78
36	332.47	335.88	345.90	354.42	376.98	394.69	386.34	485.94
37	334.63	338.07	348.15	356.72	379.43	397.26	388.86	489.10
38	336.80	340.25	350.40	359.03	381.88	399.83	391.37	492.27
39	341.12	344.62	354.90	363.64	386.78	404.96	396.39	498.59
40	345.45	348.99	359.40	368.25	391.69	410.09	401.42	504.91
41	351.93	355.55	366.15	375.16	399.04	417.80	408.96	514.39
42	358.15	361.83	372.62	381.79	406.09	425.18	416.18	523.48
43	366.80	370.57	381.62	391.01	415.90	435.44	426.23	536.12
44	377.61	381.49	392.87	402.54	428.16	448.28	438.80	551.92
45	390.32	394.32	406.08	416.08	442.57	463.36	453.56	570.49
46	405.45	409.62	421.83	432.22	459.73	481.33	471.15	592.62
47	422.48	426.82	439.55	450.37	479.04	501.55	490.94	617.50
48	441.94	446.48	459.80	471.11	501.10	524.65	513.55	645.95
49	461.14	465.87	479.76	491.57	522.86	547.43	535.85	674.00
50	482.76	487.72	502.26	514.62	547.38	573.11	560.98	705.61
51	504.11	509.29	524.48	537.39	571.60	598.46	585.80	736.82
52	527.63	533.05	548.95	562.46	598.26	626.37	613.12	771.19
53	551.42	557.08	573.69	587.81	625.23	654.61	640.76	805.96
54	577.09	583.02	600.41	615.19	654.35	685.10	670.60	843.49
55	602.77	608.96	627.13	642.56	683.46	715.58	700.44	881.02
56	630.61	637.09	656.09	672.24	715.03	748.63	732.80	921.71
57	658.73	665.49	685.34	702.21	746.91	782.00	765.46	962.80
58	688.73	695.80	716.55	734.19	780.93	817.62	800.33	1,006.66
59	703.60	710.82	732.02	750.04	797.78	835.27	817.60	1,028.38
60	733.60	741.13	763.24	782.02	831.80	870.89	852.47	1,072.24
61	759.55	767.35	790.23	809.68	861.22	901.69	882.62	1,110.17
62	776.58	784.55	807.95	827.84	880.53	921.91	902.41	1,135.06
63	797.93	806.12	830.17	850.60	904.75	947.26	927.22	1,166.27
64+	810.90	819.23	843.66	864.42	919.46	962.66	942.30	1,185.23

*Available only in Snohomish county

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user

Island, Skagit, Snohomish and Whatcom counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	E Bronze HSA**	E Kaiser Permanente Cascade Bronze	E Virtual Plus Silver* (includes all CSR plan variations)	E Flex Silver** (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus
0-14	\$215.15	\$220.27	\$262.84	\$280.29	\$289.72	\$318.78	\$175.20
15	234.27	239.85	286.21	305.20	315.47	347.12	190.77
16	241.59	247.33	295.14	314.73	325.32	357.95	196.72
17	248.90	254.82	304.07	324.25	335.17	368.78	202.68
18	256.77	262.88	313.69	334.51	345.77	380.45	209.09
19	264.65	270.94	323.31	344.77	356.37	392.12	215.50
20	272.80	279.29	333.28	355.40	367.36	404.20	222.14
21-24	281.24	287.93	343.58	366.39	378.72	416.71	229.01
25	282.37	289.08	344.96	367.86	380.23	418.37	229.93
26	287.99	294.84	351.83	375.18	387.81	426.71	234.51
27	294.74	301.75	360.08	383.98	396.90	436.71	240.01
28	305.71	312.98	373.48	398.27	411.67	452.96	248.94
29	314.71	322.19	384.47	409.99	423.79	466.29	256.27
30	319.21	326.80	389.97	415.85	429.84	472.96	259.93
31	325.96	333.71	398.21	424.65	438.93	482.96	265.43
32	332.71	340.62	406.46	433.44	448.02	492.96	270.92
33	336.93	344.94	411.61	438.93	453.70	499.21	274.36
34	341.43	349.55	417.11	444.80	459.76	505.88	278.02
35	343.68	351.85	419.86	447.73	462.79	509.21	279.86
36	345.93	354.16	422.61	450.66	465.82	512.55	281.69
37	348.18	356.46	425.36	453.59	468.85	515.88	283.52
38	350.43	358.76	428.11	456.52	471.88	519.22	285.35
39	354.93	363.37	433.60	462.38	477.94	525.88	289.02
40	359.43	367.98	439.10	468.25	484.00	532.55	292.68
41	366.18	374.89	447.35	477.04	493.09	542.55	298.18
42	372.65	381.51	455.25	485.47	501.80	552.13	303.44
43	381.65	390.72	466.24	497.19	513.92	565.47	310.77
44	392.90	402.24	479.99	511.85	529.07	582.14	319.93
45	406.11	415.77	496.14	529.07	546.87	601.72	330.70
46	421.86	431.90	515.38	549.58	568.08	625.06	343.52
47	439.58	450.04	537.02	572.67	591.94	651.31	357.95
48	459.83	470.77	561.76	599.05	619.20	681.31	374.44
49	479.80	491.21	586.15	625.06	646.09	710.90	390.70
50	502.30	514.24	613.64	654.37	676.39	744.24	409.02
51	524.52	536.99	640.78	683.32	706.31	777.16	427.11
52	548.98	562.04	670.68	715.19	739.26	813.41	447.04
53	573.73	587.38	700.91	747.43	772.58	850.08	467.19
54	600.45	614.73	733.55	782.24	808.56	889.67	488.94
55	627.17	642.09	766.19	817.05	844.54	929.25	510.70
56	656.14	671.74	801.58	854.79	883.55	972.17	534.29
57	685.39	701.69	837.31	892.89	922.94	1,015.51	558.11
58	716.60	733.65	875.45	933.56	964.97	1,061.77	583.53
59	732.07	749.48	894.35	953.71	985.80	1,084.68	596.12
60	763.29	781.44	932.49	994.38	1,027.84	1,130.94	621.54
61	790.29	809.09	965.47	1,029.55	1,064.20	1,170.94	643.53
62	808.01	827.23	987.12	1,052.64	1,088.06	1,197.19	657.96
63	830.23	849.97	1,014.26	1,081.58	1,117.98	1,230.11	676.05
64+	843.72	863.79	1,030.74	1,099.17	1,136.15	1,250.12	687.03

*Available only in Snohomish county

**Available only in Island, Skagit and Whatcom counties

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user

Columbia, Walla Walla and Whitman counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	KP E		KP E		KP E		KP		KP		KP E	
	Virtual Plus Bronze	Bronze	Bronze HSA X	Flex Bronze	Virtual Plus Silver X	Silver HSA	Flex Silver HD	Flex Gold				
0-14	N/A	\$208.90	\$215.13	\$220.43	N/A	\$245.48	\$240.29	\$302.23				
15	N/A	227.47	234.26	240.02	N/A	267.30	261.65	329.10				
16	N/A	234.57	241.57	247.52	N/A	275.64	269.81	339.37				
17	N/A	241.67	248.88	255.01	N/A	283.99	277.98	349.64				
18	N/A	249.32	256.76	263.08	N/A	292.97	286.77	360.71				
19	N/A	256.97	264.63	271.14	N/A	301.96	295.57	371.77				
20	N/A	264.88	272.79	279.50	N/A	311.26	304.68	383.22				
21-24	N/A	273.08	281.22	288.14	N/A	320.89	314.10	395.08				
25	N/A	274.17	282.35	289.30	N/A	322.17	315.36	396.66				
26	N/A	279.63	287.97	295.06	N/A	328.59	321.64	404.56				
27	N/A	286.18	294.72	301.97	N/A	336.29	329.18	414.04				
28	N/A	296.83	305.69	313.21	N/A	348.80	341.43	429.45				
29	N/A	305.57	314.69	322.43	N/A	359.07	351.48	442.09				
30	N/A	309.94	319.19	327.04	N/A	364.21	356.50	448.41				
31	N/A	316.50	325.94	333.96	N/A	371.91	364.04	457.89				
32	N/A	323.05	332.69	340.87	N/A	379.61	371.58	467.38				
33	N/A	327.15	336.90	345.20	N/A	384.42	376.29	473.30				
34	N/A	331.52	341.40	349.81	N/A	389.56	381.32	479.62				
35	N/A	333.70	343.65	352.11	N/A	392.12	383.83	482.78				
36	N/A	335.88	345.90	354.42	N/A	394.69	386.34	485.94				
37	N/A	338.07	348.15	356.72	N/A	397.26	388.86	489.10				
38	N/A	340.25	350.40	359.03	N/A	399.83	391.37	492.27				
39	N/A	344.62	354.90	363.64	N/A	404.96	396.39	498.59				
40	N/A	348.99	359.40	368.25	N/A	410.09	401.42	504.91				
41	N/A	355.55	366.15	375.16	N/A	417.80	408.96	514.39				
42	N/A	361.83	372.62	381.79	N/A	425.18	416.18	523.48				
43	N/A	370.57	381.62	391.01	N/A	435.44	426.23	536.12				
44	N/A	381.49	392.87	402.54	N/A	448.28	438.80	551.92				
45	N/A	394.32	406.08	416.08	N/A	463.36	453.56	570.49				
46	N/A	409.62	421.83	432.22	N/A	481.33	471.15	592.62				
47	N/A	426.82	439.55	450.37	N/A	501.55	490.94	617.50				
48	N/A	446.48	459.80	471.11	N/A	524.65	513.55	645.95				
49	N/A	465.87	479.76	491.57	N/A	547.43	535.85	674.00				
50	N/A	487.72	502.26	514.62	N/A	573.11	560.98	705.61				
51	N/A	509.29	524.48	537.39	N/A	598.46	585.80	736.82				
52	N/A	533.05	548.95	562.46	N/A	626.37	613.12	771.19				
53	N/A	557.08	573.69	587.81	N/A	654.61	640.76	805.96				
54	N/A	583.02	600.41	615.19	N/A	685.10	670.60	843.49				
55	N/A	608.96	627.13	642.56	N/A	715.58	700.44	881.02				
56	N/A	637.09	656.09	672.24	N/A	748.63	732.80	921.71				
57	N/A	665.49	685.34	702.21	N/A	782.00	765.46	962.80				
58	N/A	695.80	716.55	734.19	N/A	817.62	800.33	1,006.66				
59	N/A	710.82	732.02	750.04	N/A	835.27	817.60	1,028.38				
60	N/A	741.13	763.24	782.02	N/A	870.89	852.47	1,072.24				
61	N/A	767.35	790.23	809.68	N/A	901.69	882.62	1,110.17				
62	N/A	784.55	807.95	827.84	N/A	921.91	902.41	1,135.06				
63	N/A	806.12	830.17	850.60	N/A	947.26	927.22	1,166.27				
64+	N/A	819.23	843.66	864.42	N/A	962.66	942.30	1,185.23				

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

2023 Monthly rates

Tobacco non-user

Columbia, Walla Walla and Whitman counties

Please note: These rates do not include financial assistance you may be eligible to receive through Washington Healthplanfinder.

Age on 2023 effective date	E Bronze HSA	E Kaiser Permanente Cascade Bronze	E Virtual Plus Silver (includes all CSR plan variations)	E Flex Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Silver (includes all CSR plan variations)	E Kaiser Permanente Cascade Gold	E Basics Plus
0-14	\$215.15	\$220.27	N/A	\$280.29	\$289.72	\$318.78	\$175.20
15	234.27	239.85	N/A	305.20	315.47	347.12	190.77
16	241.59	247.33	N/A	314.73	325.32	357.95	196.72
17	248.90	254.82	N/A	324.25	335.17	368.78	202.68
18	256.77	262.88	N/A	334.51	345.77	380.45	209.09
19	264.65	270.94	N/A	344.77	356.37	392.12	215.50
20	272.80	279.29	N/A	355.40	367.36	404.20	222.14
21-24	281.24	287.93	N/A	366.39	378.72	416.71	229.01
25	282.37	289.08	N/A	367.86	380.23	418.37	229.93
26	287.99	294.84	N/A	375.18	387.81	426.71	234.51
27	294.74	301.75	N/A	383.98	396.90	436.71	240.01
28	305.71	312.98	N/A	398.27	411.67	452.96	248.94
29	314.71	322.19	N/A	409.99	423.79	466.29	256.27
30	319.21	326.80	N/A	415.85	429.84	472.96	259.93
31	325.96	333.71	N/A	424.65	438.93	482.96	265.43
32	332.71	340.62	N/A	433.44	448.02	492.96	270.92
33	336.93	344.94	N/A	438.93	453.70	499.21	274.36
34	341.43	349.55	N/A	444.80	459.76	505.88	278.02
35	343.68	351.85	N/A	447.73	462.79	509.21	279.86
36	345.93	354.16	N/A	450.66	465.82	512.55	281.69
37	348.18	356.46	N/A	453.59	468.85	515.88	283.52
38	350.43	358.76	N/A	456.52	471.88	519.22	285.35
39	354.93	363.37	N/A	462.38	477.94	525.88	289.02
40	359.43	367.98	N/A	468.25	484.00	532.55	292.68
41	366.18	374.89	N/A	477.04	493.09	542.55	298.18
42	372.65	381.51	N/A	485.47	501.80	552.13	303.44
43	381.65	390.72	N/A	497.19	513.92	565.47	310.77
44	392.90	402.24	N/A	511.85	529.07	582.14	319.93
45	406.11	415.77	N/A	529.07	546.87	601.72	330.70
46	421.86	431.90	N/A	549.58	568.08	625.06	343.52
47	439.58	450.04	N/A	572.67	591.94	651.31	357.95
48	459.83	470.77	N/A	599.05	619.20	681.31	374.44
49	479.80	491.21	N/A	625.06	646.09	710.90	390.70
50	502.30	514.24	N/A	654.37	676.39	744.24	409.02
51	524.52	536.99	N/A	683.32	706.31	777.16	427.11
52	548.98	562.04	N/A	715.19	739.26	813.41	447.04
53	573.73	587.38	N/A	747.43	772.58	850.08	467.19
54	600.45	614.73	N/A	782.24	808.56	889.67	488.94
55	627.17	642.09	N/A	817.05	844.54	929.25	510.70
56	656.14	671.74	N/A	854.79	883.55	972.17	534.29
57	685.39	701.69	N/A	892.89	922.94	1,015.51	558.11
58	716.60	733.65	N/A	933.56	964.97	1,061.77	583.53
59	732.07	749.48	N/A	953.71	985.80	1,084.68	596.12
60	763.29	781.44	N/A	994.38	1,027.84	1,130.94	621.54
61	790.29	809.09	N/A	1,029.55	1,064.20	1,170.94	643.53
62	808.01	827.23	N/A	1,052.64	1,088.06	1,197.19	657.96
63	830.23	849.97	N/A	1,081.58	1,117.98	1,230.11	676.05
64+	843.72	863.79	N/A	1,099.17	1,136.15	1,250.12	687.03

Rates are effective January 1, 2023, through December 31, 2023. All plans offered and underwritten by Kaiser Foundation Health Plan of Washington. Rates for tobacco users 21 and older are 20% higher than rates shown.

Learn about vision and dental coverage

Covered eye care

All our medical plans cover adult vision exams at a copay, coinsurance, or deductible payment depending on your plan. Glasses and contact lenses for adults aren't covered. But for members 18 and younger, vision exams and glasses or contact lenses are covered at no cost.* Visit kp.org/wa/eyecare for Kaiser Permanente Eye Care locations in Washington. Or check our directory for contracted network providers at kp.org/wa/directory.

Adding dental coverage

Oral health is an important part of your overall well-being. When you choose a Kaiser Permanente medical plan, you can also add dental coverage – for yourself, your children, or your entire family.

Visit a participating Delta Dental network dentist

To get the most from your benefits, we encourage you to see a participating dentist. These dentists contract with Delta Dental to provide services at discounted fees and file all claims for you. Dentists who are part of Delta Dental's networks will not charge more than their approved fees and usually cost you less than out-of-network dentists.

You may choose any licensed dentist to provide services under this plan. However, if you go to an out-of-network dentist, Delta Dental has no control over their fees. You will be responsible for submitting claims and paying any difference in the charges. This is called balance billing.

Finding a Delta Dental network dentist

Visit deltadentalwa.com and use the Find a Dentist tool. Remember to choose the Delta Dental PPO Plus Premier™ network.

The online directory is easy to use anytime, at home or on your smartphone. You can

search based on preferences that matter to you, including dentist name, specialty, location, and language. You can even see endorsements from other Delta Dental patients for categories including extended office hours, friendly staff, kid-friendly, and if they help ease anxiety.

For more information or to find a participating provider, visit deltadentalwa.com or call Delta Dental of Washington at **1-800-554-1907**.

Choosing your plan

You can choose from 2 kinds of dental plans.

Adult/Family Basic plan

The optional Adult/Family Basic plan includes dental coverage for everyone covered on the medical plan.

- This dental plan is available for adults or families who buy their medical plan directly from Kaiser Permanente.
- Adults or families who purchase their medical coverage through Washington Healthplanfinder may also purchase a dental plan on the Exchange.

Pediatric plan

- The Pediatric plan offers dental coverage for those 18 and younger. The state of Washington requires you to have pediatric dental coverage as part of your medical plan.
- This dental plan is available if you buy your medical plan directly from Kaiser Permanente.
- If you sign up for a pediatric dental plan with another company, complete an Attestation of Pediatric Dental Coverage form and send it to us along with proof of dental coverage within 60 days of the start date of your medical plan.
- If you do not submit this information within the 60 days, you won't meet the minimum health and dental coverage that is required by Washington state and federal regulations.

All dental plans offered and underwritten by Delta Dental of Washington.

*Vision hardware must be prescribed and purchased at a Kaiser Permanente Eye Care location or participating network provider.

Summary of dental benefits

	Adult/Family Basic plan				Pediatric plan	
Amount of Maximum Allowable Fee Kaiser Permanente Member pays						
	Pediatric (18 and younger)		Adult (19 and older)		Only for those 18 and younger	
	Delta Dental participating dentist ²	Non-participating dentist	Delta Dental participating dentist ²	Non-participating dentist	Delta Dental participating dentist ²	Non-participating dentist
Maximum Benefit	No Annual Maximum		\$1,250 Annual Plan Maximum \$1,000 Annual TMJ ¹ Maximum \$5,000 Lifetime TMJ ¹ Maximum		No Annual Maximum	
Annual deductible Deductible is waived for diagnostic, preventive, and medically necessary orthodontia	\$85 per child per year		\$50 per adult per year		\$85 per child per year	
Out-of-pocket maximum	\$350 per child per year \$700 per year for families with 2 or more children	Not applicable	Not applicable		\$350 per child per year \$700 per year for families with 2 or more children	Not applicable
Diagnostic and preventive Deductible is waived for exams, prophylaxis, fluoride, X-rays, sealants	0%	0%	0%	0%	0%	0%
Restorative Restorations (includes posterior composites), endodontics, periodontics, oral surgery	30%	30%	50%	50%	30%	30%
Major Crowns, dentures, partials, and bridges. Implants and TMJ ¹ are for adults 19 and older	50%	50%	50%	50%	50%	50%
Orthodontia³ Coinsurance Lifetime maximum	Medically necessary 50% Unlimited		Not covered		Medically necessary 50% Unlimited	

Pediatric Benefits: Only fees paid to a Delta Dental PPO Plus Premier™ dentist accrue to the annual out-of-pocket maximum.

Rates	Adult/Family Basic plan	Pediatric plan	
Individual only	\$51.78	This plan bills only for the first three children 18 and younger	
Individual + spouse	\$103.58	1 Individual (<19)	\$50.80
Individual + child(ren)	\$115.16	2 Individuals (<19)	\$101.61
Individual + family	\$183.13	3 Individuals (<19)	\$152.41

¹TMJ = temporomandibular joint ² Includes dental providers in the Delta Dental PPO Plus Premier™ network ³ Requires preauthorization

This is a brief summary of benefits and is not a contract. For complete plan information, please refer to your Delta Dental of Washington benefits booklet. Kaiser Permanente refers to Kaiser Foundation Health Plan of Washington. All dental plans offered and underwritten by Delta Dental of Washington.

Important disclosure information

Kaiser Foundation Health Plan of Washington | Kaiser Foundation Health Plan of Washington Options, Inc.

Understanding your health plan

RCW.48.43.510 and WAC 284-43-5130

Your health plan is designed to help you live your healthiest life. To achieve that, it's important that you understand your plan's benefits, coverage, and policies. Upon request, Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. (collectively referred to as "Kaiser Permanente" within this document) will provide you with the following information:

- A list of covered benefits, including prescription drug benefits, if any; exclusions, reductions, and limitations to covered benefits, and any definition of medical necessity on which they may be based
- Information on how members may be involved in decisions about benefits
- A list of coverage policies for pharmacy benefits, including how drugs are added or removed from the drug formulary
- Information on policies for protecting the confidentiality of health information
- Information on premiums and enrollee cost-sharing requirements
- A summary explanation of the complaints and appeals processes
- Point-of-service plan availability and how the plan operates
- A copy of the plan's current drug formulary for prescription drug coverage
- A list of participating primary care and specialty care providers, including network arrangements that restrict

access to providers within the plan network

- A list of all available disclosure items, in addition to the above, as required by law

Pharmacy benefit information

WAC 284-43-5110 and WAC 284-43-5170

The following information applies only to health plans that have pharmacy benefits. This information is detailed in your plan's Evidence of Coverage.

Your right to safe and effective pharmacy services

State and federal laws establish standards to ensure safe and effective pharmacy services, and to guarantee your right to know what drugs are covered under this plan and what coverage limitations are in your contract. If you would like more information about the drug coverage policies under your plan, or if you have a question or a concern about your pharmacy benefit, please contact Member Services.

If you would like to know more about your rights under the law, or if you think anything you received from your plan may not conform to the terms of your contract, you may contact the Washington State Office of the Insurance Commissioner toll-free at 1-800-562-6900. If you have a concern about the pharmacists or pharmacies serving you, please call the Washington State Department of Health toll-free at **1-800-525-0127**.

Does this plan limit or exclude certain drugs my health care provider may prescribe, or encourage substitutions for some drugs?

Kaiser Permanente, working with pharmacists and physicians, has developed a drug formulary. A drug formulary is a list of preferred pharmaceutical products, supplies, and devices. Nonformulary drugs are not covered unless approved by your health plan as medically necessary or may be subject to a higher cost than formulary drugs, depending on the benefits of your specific plan.

Generic drugs will be dispensed unless a suitable generic is not available. If you elect to purchase a brand-name drug instead of the generic equivalent (if available), and it is not medically necessary, you will be responsible for payment of the additional cost above the generic drug charge in addition to your plan pharmacy cost share.

Over-the-counter drugs, supplies and devices not requiring a prescription under state law or regulations, drugs and injections for anticipated illness while traveling, drugs and injections for cosmetic purposes, and vitamins – including most prescription vitamins – are generally excluded from all plans. Exclusion of other categories of drugs will depend on your specific coverage plan. For example, drugs for treatment of sexual dysfunction are not covered unless your health plan covers treatment of sexual dysfunction. Contact Member Services to request a copy of the drug formulary for your specific plan. The drug formulary is also available at kp.org/wa/formulary.

When can my plan change the approved drug list (formulary)? If a change occurs, will I have to pay more to use a drug I had been using?

Changes to the plan's drug formulary are implemented on an ongoing basis, based on an established evaluation process. The evaluation process includes review of scientific studies. The scientific studies reviewed must have been published in health care journals or other publications in which original manuscripts are published only after having been critically reviewed for scientific accuracy, validity, and reliability by unbiased independent experts.

Your care provider or pharmacist will notify you when you refill a prescription if the prescribed drug is no longer included in the plan's drug formulary. When a drug has been removed from the plan formulary, it will not be covered unless your plan, at its discretion, elects to cover the drug for a limited time, or the drug may be subject to a higher cost depending on the benefits of your specific plan.

What should I do if I want a change from limitations, exclusions, substitutions, or cost increases for drugs specified in this plan?

- **Benefit changes** – Customization of your drug benefit occurs only through the contract process. Employer groups may choose to purchase higher or lower drug benefits each year when they renew their group contract. Individual and family contract benefits are renewed each year.
- **Formulary substitution** – Although individuals are not allowed to customize any plan drug formularies, health care providers can prescribe nonformulary medications for patients through a pharmacy exception process. The plan

- health care provider, in coordination with the plan pharmacy, will determine the medical appropriateness of substitutions. If a medical exception (substitution) is not approved, the patient is responsible for the full charge for the drug. Nonformulary drugs may be subject to a higher cost.

How much do I have to pay to get a prescription filled?

The amount of your out-of-pocket expense (cost share) depends on the specific pharmacy coverage you or your employer has purchased and on the medication prescribed. In general, the prescription copay or coinsurance amount applies for up to a 30-day supply of each covered prescription. If the actual charge for the drug is less than your cost share, you will pay only the actual charge for the drug. If your provider prescribes a noncovered medication, you will pay the actual charge for the drug.

If you have pharmacy coverage with a tiered cost share benefit, you will pay a lower cost share for generic drugs, and higher cost share for brand-name drugs. In addition, nonformulary drugs may be subject to a higher cost share.

Do I have to use certain pharmacies to pay the least out of my own pocket under this health plan?

Yes, you need to have your prescriptions filled at a Kaiser Permanente-designated pharmacy except for drugs dispensed for emergency services. Most Kaiser Permanente medical locations have pharmacies located within the facility. Additional retail pharmacies are also under contract to provide covered prescription drugs for members. When you use Kaiser Permanente-designated pharmacies,

covered drugs are subject to the plan cost share. If you elect to purchase a noncovered drug, you will pay the actual charge for the drug. The plan directory of providers available at kp.org/wa lists pharmacies in your area.

You may be eligible to receive an emergency fill for certain prescription drugs filled outside of Kaiser Permanente's business hours or when Kaiser Permanente cannot reach the prescriber for consultation. You will pay a cost share for your emergency prescription drug fill. Refer to your Evidence of Coverage for more information. A list of prescription drugs eligible for emergency fills is available on the pharmacy website at kp.org/wa/formulary. Members can request an emergency fill by calling **1-855-505-8107**.

Call Member Services to find out which pharmacies are in your area, or if you anticipate needing to fill a prescription when you are traveling.

How many days' supply of most medications can I get without paying another copay or other repeating charge?

Your plan contract allows up to a 30-day supply of prescription or refill per cost share amount. If you get a 3-month supply of a maintenance drug, you will be charged 3 pharmacy cost share amounts. Depending on your plan, additional savings may be available for maintenance drugs through Kaiser Permanente mail-order services.

What other pharmacy services does my health plan cover?

A mail-order prescription refill service is available. Contact Member Services for your plan's specific mail-order pharmacy benefits. At Kaiser Foundation Health Plan

of Washington, the Pharmacy Department is involved in the development of clinical road maps and clinical guidelines. The Pharmacy Department participates in, or plays a role in, medication use and disease management programs for smoking cessation and for conditions such as diabetes, HIV/AIDS, asthma, depression, migraine headache, GERD (gastroesophageal reflux disease), and heart problems.

How we protect your personal information

Your health is our number one priority, and part of caring for you is keeping your personal information safe. Our policies and procedures are designed to protect your personal information in written, verbal, and electronic forms. Specifically:

- We'll protect your right to access, review, amend, and receive copies of your medical records.
- We'll protect the confidentiality of your health care information by instituting physical, technical, and administrative controls throughout the organization to protect the use and disclosure of oral, hard copy, and electronic personal health information. We train our employees on these policies and procedures. Employees who violate our confidentiality and security policies are subject to disciplinary action.
- We use and share your personal information to provide treatment, receive and provide payment for health care services, and conduct health care operations.
- We won't release patient-identifiable health information to third parties without your written permission or authorization except as permitted

or required by law.

- We may use health information to support utilization review, quality assessment and measurement, billing, claims management, audits, accreditation, and other health care operations.
- We won't release detailed utilization information to employers when it might identify individual patients unless permitted or required by law.

For information regarding our privacy practices, you can view our Notice of Privacy Practices at kp.org/wa or call Member Services at **1-888-901-4636**. If you are deaf or hard of hearing, please call the **TTY WA** Relay at **1-800-833-6388** or **711**.

Understanding your plan coverage

Treatment coverage

Your treatment and service coverage is determined by your specific health plan. If you ever have any concerns or questions regarding your coverage, contact Member Services for assistance.

For a particular treatment or service to be covered, it must be:

- Provided or arranged by a Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. health care provider (depending on your plan), except for emergency care and urgent care outside of the Kaiser Permanente service area. Kaiser Foundation Health Plan of Washington Options, Inc. members may self-refer to most care from any licensed health care provider in

- the United States at a lower benefit level.
- Covered by the Kaiser Foundation Health Plan of Washington or Kaiser Foundation Health Plan of Washington Options, Inc. plan in which you are enrolled. To ask about coverage for a specific treatment or service, contact Member Services.

Utilization reviews

At Kaiser Permanente, we provide or authorize your medical care based on what is appropriate and necessary for the condition being treated or diagnosed. We do not use financial incentives to encourage our providers to withhold care from members. Our doctors are free to make their own decisions. However, some treatments and services require a utilization review (or coverage review) by the plan.

A utilization review determines whether a treatment or service is covered under the terms of your coverage agreement. It does not determine whether a provider may render services or whether you may choose to purchase a medical service on your own. Utilization reviews may occur at different times relative to the services you receive. It may occur before you receive the services, at the same time you receive services, or after you receive services.

During a utilization review, we will:

- Evaluate whether a specific health care service, procedure, or setting is necessary, appropriate, effective, and efficient for the condition in question; or
- Monitor the use of a specific health care service, procedure, or setting.

Some treatments and services are subject to utilization reviews based on criteria developed by Kaiser Permanente

or another organization. In some cases, a service for which we have conducted a utilization review may not be deemed medically necessary, as defined in the plan's clinical review criteria.

If you believe you need a specific type of care, talk to your health care provider. He or she will discuss it with you and recommend the most appropriate care. For more information about utilization reviews, or for a written explanation of our criteria for a specific service, contact Member Services.

A preservice review (for preauthorization) is a specific type of utilization review that occurs prior to your receiving services. Some care requires a referral from your personal physician but does not require preauthorization. However, certain services do require preservice review to be covered. In addition, the service must be covered by your health plan for you to receive the coverage benefit.

Usually, your provider will arrange for preservice review when necessary. If a treatment or service is not authorized, you'll receive a written explanation of the reason for the denial, your right to appeal the decision, and the appeal process.

Kaiser Permanente will not deny coverage retroactively for preauthorized services that have already been provided to the member. Exceptions are if there has been an intentional misrepresentation of a material fact by the patient, member, or provider of services; if coverage was obtained based on inaccurate, false, or misleading information on the enrollment application; or if premiums have not been paid.

Grievances and appeals processes

If you ever have a concern, request, complaint, or compliment, we encourage you to let us know. Kaiser Permanente offers grievance, coverage decision (including exceptions), and appeals processes. Generally, grievances are complaints regarding the quality of care you receive, or the quality of service we provide, including problems getting appointments and disrespectful or rude staff behavior.

Coverage decisions are decisions about what your plan will and won't cover. These types of decisions could include an exception for a prescription drug that isn't on our list of covered drugs or a request for a drug at a lower out-of-pocket cost.

An appeal is a formal way of asking us to review and change a coverage decision we've made. You have the right to appeal any coverage decision. The type of appeal, and timeframe for resolution, depends on what is being denied. We'll tell you how to appeal in the letter we send you explaining our denial decision. We quickly review appeals involving urgently needed care and act as fast as necessary, given the clinical urgency of the condition. Reviews that are clinically urgent will take no longer than 72 hours.

Appeals that are not resolved to your satisfaction may be eligible for independent review by a state-certified independent review organization or plan-specified entity. See [kp.org/wa/appeals](https://www.kp.org/wa/appeals) for more detail.

1. Kaiser Permanente improved blood pressure control in our Black/African-American members with hypertension, raised colorectal cancer screening rates in our Hispanic/Latino members, and improved blood sugar control in our members with diabetes. Self-reported race and ethnicity data are captured in KP HealthConnect, and HEDIS® measures are updated quarterly in the interregional CORE Datamart. **2.** When appropriate and available. If you travel out of state, phone appointments and video visits may not be available due to state laws that may prevent doctors from providing care across state lines. Laws differ by state. **3.** High deductible health plans may require a copay or coinsurance for phone appointments and video visits. **4.** Available on most prescription orders; additional fees may apply. For more information, contact the pharmacy. **5.** Same-day and next-day prescription delivery services may be available for an additional fee. These services are not covered under your health plan benefits and may be limited to specific prescription drugs, pharmacies, and areas. Order cutoff times and delivery days may vary by pharmacy location. Kaiser Permanente is not responsible for delivery delays by mail carriers. Kaiser Permanente may discontinue same-day and next-day prescription delivery services at any time without notice and other restrictions may apply. Medicaid beneficiaries should ask their pharmacy for more information about prescriptions. **6.** These features are available when you get care from Kaiser Permanente facilities. To use the Kaiser Permanente app, you must be a Kaiser Permanente member registered on kp.org. **7.** Kaiser Permanente 2021 HEDIS® scores. Benchmarks provided by the National Committee for Quality Assurance (NCQA) Quality Compass® and represent all lines of business. Kaiser Permanente combined region scores were provided by the Kaiser Permanente Department of Care and Service Quality. The source for data contained in this publication is Quality Compass 2021 and is used with the permission of NCQA. Quality Compass 2021 includes certain CAHPS data. Any data display, analysis, interpretation, or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation, or conclusion. Quality Compass® and HEDIS® are registered trademarks of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality. **8.** Some of these services may not be covered under your health plan benefits or subject to the terms set forth in your *Evidence of Coverage* or other plan documents. Services that aren't health plan benefits may be discontinued at any time without notice. **9.** Kaiser Permanente Telehealth Insights Dashboard. **10.** For a complete list of services you can use your HSA to pay for, see Publication 502, Medical and Dental Expenses, at irs.gov.

Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable Federal and Washington state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
 - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **kp.org/wa/feedback**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**
Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **800-562-6900, 360-586-0241 (TDD)**. Complaint forms are available at **<https://fortress.wa.gov/oic/online-services/cc/pub/complaintinformation.aspx>**

Multi-language Interpreter Services

English: ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-901-4636 (TTY 711)**.

Español (Spanish): ATENCIÓN: Si habla español, tiene disponibles servicios de ayuda con el idioma sin cargo. Llame al **1-888-901-4636 (TTY 711)**.

中文 (Chinese) : 注意 : 如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-901-4636 (TTY 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu quý vị nói tiếng Việt, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí của chúng tôi. Xin gọi số **1-888-901-4636 (TTY 711)**.

한국어 (Korean): 참고: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 제공해 드립니다. **1-888-901-4636(TTY 711)**번으로 문의하십시오.

Русский (Russian): ВНИМАНИЕ! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по номеру **1-888-901-4636 (TTY 711)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-901-4636 (TTY 711)**.

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, вам доступні безкоштовні послуги перекладу. Телефонуйте за номером **1-888-901-4636 (TTY 711)**.

ភាសាខ្មែរ (Khmer): សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺមានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-888-901-4636 (TTY 711)**។

日本語 (Japanese): 注意事項 : 無料の日本語での言語サポートをご利用いただけます。**1-888-901-4636 (TTY 711)** まで、お電話にてご連絡ください。

አማርኛ (Amharic): ማሳሰቢያ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እገዛ አገልግሎቶች፡ በነጻ ለእርስዎ ይቀርባሉ፡ ወደ **1-888-901-4636 (TTY 711)** ይደውሉ።

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta'e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. **1-888-901-4636 (TTY 711)** irraatti bilbilaa.

ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। **1-888-901-4636 (TTY 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

العربية (Arabic): انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً. اتصل بالرقم **1-888-901-4636 (TTY 711)**

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-901-4636 (TTY 711)**.

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ແມ່ນຈະມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ **1-888-901-4636 (TTY 711)**.

Let us help you find your healthy place

Having a good health plan is important for peace of mind. So is getting quality care. With Kaiser Permanente, you get both.

Want to learn more?

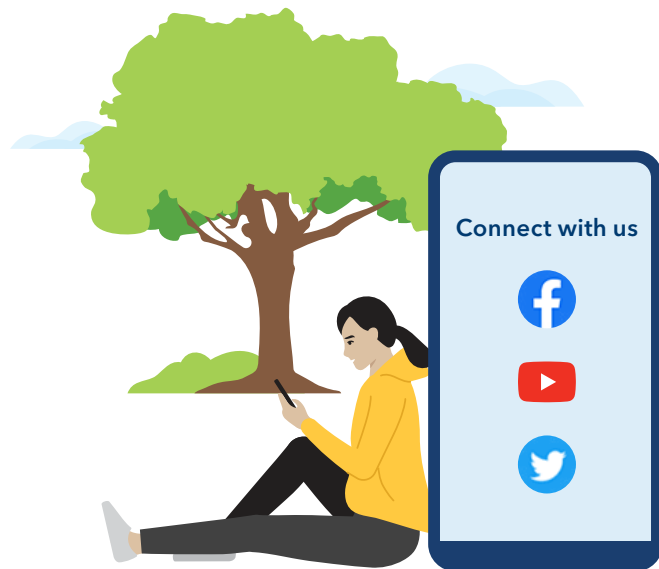
Talk to an enrollment specialist today about specialty care, extra features, and more.

Call **1-800-494-5314** (TTY **711**).

Visit kp.org/myhealthyplace to see how we can make your care experience better, no matter what stage of life you're in.

Current members with questions can call our Member Service Contact Center.

- **1-800-290-8900**
- **711** (TTY)



In Washington (except Clark, Cowlitz, and certain other counties), all plans are offered and underwritten by Kaiser Foundation Health Plan of Washington, 1300 SW 27th Street, Renton, WA 98057.